

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 30 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000056842

1. Entity Name
VIP TAXI, SEDAN AND LIMO SERVICES, INC.



Principal Place of Business
11303 122ND TERR. N.
LARGO, FL 33778

Mailing Address
11303 122ND TERR. N.
LARGO, FL 33778

2. Principal Place of Business - No P.O. Box #

11303 - 122nd Terr N

3. Mailing Address

11303 - 122nd Terr N

Suite, Apt. #, etc.

Suite, Apt. #, etc.



03242008

Chg-P

CR2E034 (12/06)

City & State

Largo FL
33778

City & State

Largo FL
33778

4. FEI Number

59-3518750

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAEFFER, ROBERT G
11303 122ND TERR. N.
LARGO, FL 33778

7. Name and Address of New Registered Agent

Name
CATHERINE M Schaeffer
Street Address (P.O. Box Number is Not Acceptable)
11303 - 122nd Terr N
City
Largo FL Zip Code
33778

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Catherine M Schaeffer*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHAEFFER, CATHERINE M
STREET ADDRESS 11303 122ND TERR. N.
CITY-ST-ZIP LARGO, FL 33778 ☐ Delete

TITLE STD
NAME SCHAEFFER, ROBERT G
STREET ADDRESS 11303 122ND TERR. N.
CITY-ST-ZIP LARGO, FL 33778 ☐ Delete

TITLE *SCHAEFFER Robert G Jr*
NAME *11303 - 122nd Terr N*
STREET ADDRESS *Largo FL 33778-STD*
CITY-ST-ZIP *Largo FL 33778-STD* ☐ Delete

TITLE *Schaeffer I Ann A*
NAME *11303 - 122nd Terr N*
STREET ADDRESS *Largo FL*
CITY-ST-ZIP *Sec* ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900121076879
03/24/08--01006--029 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Catherine M Schaeffer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Prest

3-28-08-727-423-6447

Date

Daytime Phone #