


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90066 027 \*\*\*158.75

<b>DOCUMENT # P98000084015</b>					
<b>1. Entity Name</b> RED CARPET LIMOUSINE & SEDAN SERVICES, INC.					
<b>Principal Place of Business</b> 401 34TH STREET S. ST. PETERSBURG, FL 33701			<b>Mailing Address</b> 401 34TH STREET S. ST. PETERSBURG, FL 33701		
<b>2. Principal Place of Business</b> <i>145-107th Avenue</i>		<b>3. Mailing Address</b> <i>145-107th Avenue</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <i>Treasure Island, FL</i>		<b>City &amp; State</b> <i>Treasure Island, FL</i>			
<b>Zip</b> <i>33707</i>		<b>Country</b>		<b>Zip</b> <i>33707</i>	
<b>Country</b>		<b>4. FEI Number</b> 59-3535157			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> EDWARDS, WILLIAM 6090 CENTRAL AVENUE SAINT PETERSBURG, FL 33707			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE <i>William Edwards</i>				DATE <i>4-21-04</i>	
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, WILLIAM 6090 CENTRAL AVENUE SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 filings empowered.</b>					
SIGNATURE: <i>William Edwards</i>				DATE: <i>4-21-04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>727-347-1930</i>	