


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000106521**  
**1. Entity Name**  
**M.C. LIGHTNING LIMOUSINE TRANSPORTATION, INC.**



**Principal Place of Business**      **Mailing Address**  
**12 CYPRESS**      **PO BOX 1602**  
**JENSEN BEACH FL 34957**      **JENSEN BEACH FL 34958**  
**US**      **US**



**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

**4. FEI Number**      **65-0864710**      Applied For  
 Not Applicable

**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**SLATER, ROBERT L**  
**214 BRAZILIAN AVE #221**  
**LAKE PARK FL 33403**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**      **\$5.00** May Be  
 Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER, MARVIN L	NAME	
STREET ADDRESS	12 CYPRESS	STREET ADDRESS	U00000527356
CITY-ST-ZIP	JENSEN BEACH FL 34957	CITY-ST-ZIP	05/04/06-80109-019 150.00
TITLE	VDS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER, DARLENE	NAME	
STREET ADDRESS	12 CYPRESS	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	CITY-ST-ZIP	
TITLE	VDS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LORI R	NAME	
STREET ADDRESS	12 CYPRESS	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Marvin L Carver*      **MARVIN L. CARVER**      **4-19-06**      **772-334-9979**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #