

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106521

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** M.C. LIGHTNING LIMOUSINE TRANSPORTATION, INC.

**Current Principal Place of Business:**

14463 SW RAKE DR  
INDIANTOWN, FL 34956 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 312  
INDIANTOWN, FL 34956 US

**New Mailing Address:**

14463 SW RAKE DR  
INDIANTOWN, FL 34956 US

**FEI Number:** 65-0864710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLATER, ROBERT L  
214 BRAZILIAN AVE #221  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: CARVER, MARVIN L  
Address: 14463 SW RAKE DR.  
City-St-Zip: INDIANTOWN, FL 34956

Title: VDS  
Name: CARVER, DARLENE  
Address: 14463 SW RAKE DR.  
City-St-Zip: INDIANTOWN, FL 34956

Title: VDS  
Name: MILLER, LORI R  
Address: 14463 SW RAKE DR.  
City-St-Zip: INDIANTOWN, FL 34956

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARVIN L. CARVER

PTD

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date