


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90031 045 ***150.00

DOCUMENT # S21339	
1. Entity Name LUXURY LIMOUSINE SERVICE OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business 28024 WESTBROOK DR. BONITA SPRINGS FL 34135 US	Mailing Address 28024 WESTBROOK DR. BONITA SPRINGS FL 34135 US
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2. Principal Place of Business 4217 RITA LN Suite, Apt. #, etc.	3. Mailing Address 4217 RITA LN Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)

City & State BONITA SPRINGS FL	City & State BONITA SPRINGS FL
Zip 34134	Country US

4. FEI Number 65-0240063	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FREDENDALL, LLOYD R 28024 WESTBROOK DR BONITA SPRINGS FL 34135	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 4217 RITA LN	
City BONITA SPRINGS	FL Zip Code 34134

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 5-14-05
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREDENDALL, LLOYD R 28024 WESTBROOK DR. BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4217 RITA LN BONITA SPRINGS FL 34134
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: 	DATE 5-14-05
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