


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90033 050 \*\*\*150.00

**DOCUMENT # P97000087096**  
1. Entity Name  
**DREAMCATCHER SHUTTLE SERVICE, INC.**



Principal Place of Business: **2833 VENETIAN CT  
GULF BREEZE FL 32563**  
Mailing Address: **2833 VENETIAN CT  
GULF BREEZE FL 32563**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number: **59-3473494**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JURKOWICH, MICHAEL J  
2833 VENETIAN CT  
GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent  
Name: **JURKOWICH, MICHAEL J.**  
Street Address (P.O. Box Number is Not Acceptable): **2833 VENETIAN CT.**  
City: **GULF BREEZE** FL Zip Code: **32563**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>JURKOWICH, MICHAEL J</b>	
STREET ADDRESS: <b>2833 VENETIAN CT</b>	
CITY-ST-ZIP: <b>GULF BREEZE FL 32561</b>	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: <b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>JURKOWICH, KAREN R.</b>	
STREET ADDRESS: <b>2833 VENETIAN CT.</b>	
CITY-ST-ZIP: <b>GULFBREEZE, FL 32563</b>	
TITLE: <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MICHAEL J. JURKOWICH</b>	
STREET ADDRESS: <b>2833 Venetian Ct.</b>	
CITY-ST-ZIP: <b>GULF BREEZE, FL 32563</b>	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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: **MICHAEL J. JURKOWICH** *[Signature]* **1/18/05** **(850) 982-7433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #