

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K87323

FILED
Jan 14, 2009
Secretary of State

Entity Name: SHELL KEY SHUTTLE, INC.

Current Principal Place of Business:

MERRY PIER
801 PASS-A-GRILLE WAY
ST PETE BCH, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

% ALVA SHOLTY
6262 3RD AVE NORTH
ST PETERSBURG, FL 33710 US

New Mailing Address:

% ALVA SHOLTY
P. O. BOX 46521
ST PETE BEACH, FL 33741 US

FEI Number: 59-2945211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHOLTY, ALVA
6262 3RD AVE NORTH
ST PETERSBURG, FL 33710 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RANCK, BARBARA J.,
Address: 6262 3RD AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710 US

Title: D () Delete
Name: SHOLTY, ALVA H.,
Address: 6262 3RD AVE. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALVA SHOLTY

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date