

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000004296					
1. Entity Name AIRPORT EXPRESS TRANSPORTATION SERVICE, INC.					
Principal Place of Business 13233 GREYWOOD CIR FT MYERS FL 33912			Mailing Address 13233 GREYWOOD CIR FT MYERS FL 33912		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	
				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		
WILCOX, DOUGLAS 13233 GREYWOOD CIR FT MYERS FL 33912			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	☐ Delete				
NAME	WILCOX, DOUGLAS				
STREET ADDRESS	13233 GREYWOOD CIR				
CITY - ST - ZIP	FT MYERS FL 33912				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
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CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME	U00000036539				
STREET ADDRESS	02/06/04-80060-020 150.00				
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
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TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *

Douglas Wilcox 2/3/04 239 768 1898