2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000030925

1. Entity Name

SHUTTLE PROPERTIES OF BREVARD, INC.



Mailing Address

4565 LAKE WASHINGTON ROAD MELBOURNE, FL 32934

Principal Place of Business

4565 LAKE WASHINGTON ROAD MELBOURNE, FL 32934

FILED Feb 17, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3705464

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, WILLIAM 4565 LAKE WASHINGTON RD. MELBOURNE, FL 32934

DO NOT WRITE IN THIS SPACE

				IIV	INIS SPACE
	named entity submits this statement for the plans of registered agent.	urpose of changing its registered of	office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of repretered agent and title If applicable (NOTE: Registered A				a required when reinstating)	OATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	° 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLALOCK, WILLIAM D III 4565 LAKE WASHINGTON ROAD MELBOURNE, FL 32934				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					(190000438561 03/01/06-80011-025 150.00
TITLE NAMC STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		
12. I hereby	certify that the information supplied with this fi	ling does not quality for the exem	otions co	intained in Chapter 1	19, Florida Statutes. I further certify that the information

12. Thereby certify that the Information supplies with this imming does not dealing for the exemptions contained in Chapter 19, Florida Statutes. This for gently that the information indicated on this report is 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

2/15/06 321 795-5609