

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90283 004 ***150.00

DOCUMENT # P01000082588

1. Entity Name
BAY SHUTTLE, INC.



Principal Place of Business

**1716 LEMON STREET
TAMPA, FL 33606
1701 W. Cass St.**

Mailing Address

**1716 LEMON STREET
TAMPA, FL 33606**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

3000 W Cypress Creek



03022006 Chg-P CR2E034 (11/05)

City & State

**Tampa FL
33606 US**

City & State

**FT Lauderdale FL
33309**

4. FEI Number
04-3588849

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPRUCE, WILLIAM D ESQ
3000 W CYPRESS CREEK ROAD
FT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

William D. Spruce

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SPRUCE, BILL**
CITY-ST-ZIP **3000 W CYPRESS CREEK ROAD
FT LAUDERDALE, FL 33309**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NEGUSEI, BROOK**
CITY-ST-ZIP **18412 TURNING POINT
LUTZ, FL 33459**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CASTELLANO, NANCY**
CITY-ST-ZIP **1701 W CASS ST
TAMPA, FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William D Spruce

Date

Daytime Phone #

3/27/06 (954) 493-6565