

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90170 025 \*\*\*150.00

**DOCUMENT # P01000082588**

1. Entity Name  
**BAY SHUTTLE, INC.**



Principal Place of Business  
**1701 W CASS ST  
TAMPA, FL 33606**

Mailing Address  
**3000 W CYPRESS CREEK  
FORT LAUDERDALE, FL 33309**

**60032752**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**04-3588849**

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

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

Name

**Justin D Morgaman**

Street Address (P.O. Box Number is Not Acceptable)

**3000 West Cypress Creek Road**

City

**Fort Lauderdale**

FL

Zip Code

**33309**

8. The above named entity adopts 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 reinstating)

DATE

**4-28-08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPRUCE, BILL	
STREET ADDRESS	3000 W CYPRESS CREEK ROAD	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEGUSEI, BROOK	
STREET ADDRESS	18412 TURNING POINT	
CITY-ST-ZIP	LUTZ, FL 33459	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELLANO, NANCY	
STREET ADDRESS	1701 W CASS ST	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	VP Corporate Development	<input type="checkbox"/> Delete
NAME	Justin D. Morgaman	
STREET ADDRESS	3000 West Cypress Creek Road	
CITY-ST-ZIP	Fort Lauderdale FL 33309	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement 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 #

**4-28-08**