


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90028 048 ***150.00

DOCUMENT # P03000102515	
1. Entity Name AIRPORT EXPRESS OF ST. AUGUSTINE, INC.	

Principal Place of Business 97 DOLPHIN DR ST AUGUSTINE, FL 32080	Mailing Address 97 DOLPHIN DR ST AUGUSTINE, FL 32080
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2. Principal Place of Business - No P.O. Box # 5104 Gracewood Lane Suite, Apt. #, etc.	3. Mailing Address 5104 Gracewood Lane Suite, Apt. #, etc.
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City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32092	Zip 32092
Country USA	Country USA

01272008 Chg-P CR2E034 (12/06)

4. FEI Number 56-2414699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PELLICER, CHARLES E ESQUIRE 28 CORDOVA ST ST AUGUSTINE, FL 32084	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COPE, ALTON W 97 DOLPHIN DR ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address only: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5104 Gracewood Lane St. Augustine, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COPE, KATHRYN S 97 DOLPHIN DR ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address only: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5104 Gracewood Lane St. Augustine, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: Kathryn S. Cope (904) 824-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #