

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90239 010 ***150.00

DOCUMENT # P05000154260					
1. Entity Name NAUTILUS EXECUTIVE TRANSPORTATION, INC.					
Principal Place of Business 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236 5739 BRONX AVE, SARASOTA FL 34231			Mailing Address - SAME 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # AS ABOVE		3. Mailing Address AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05012008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-3871245	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUZIER, THOMAS B ESQ 4990 MAIN STREET SUITE 700 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name: NANCY L KUNZLE Street Address (P.O. Box Number is Not Acceptable): 5739 BRONX AVE City: SARASOTA FL Zip Code: 34231		
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 obligation of registered agent. SIGNATURE: NANCY L KUNZLE, VP, D DATE: 5/1/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNZLE, NANCY L 5739 BRONX AVE. SARASOTA, FL 34231	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSCHANTRE, THEODORE D 5739 BRONX AVE SARASOTA, FL 34231	<input type="checkbox"/> Delete			
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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"/> Delete				
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 VP D		Date: 5/1/08		Daytime Phone #: 741-780-2800	