## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P95000036809**

Entity Name

EXECUTIVE SHUTTLE SERVICE, INC.



FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business

106 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952 Mailing Address

EXECUTIVE SHUTTLE SVC, INC. P.O. BOX 540186 MERRITT ISLAND, FL 32954-0186 US



DO NOT WRITE IN THIS SPACE

01172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3324394

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

RICARDO, GEORGE 106 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent.	urpose of changing its re	gistered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstative				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. OFFICERS AND DIRECTORS :			1	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICARDO. GEORGE 106 E. MERRITT ISLAND CAUSEWA' MERRITT ISLAND, FL 32952				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000598203 01/24/07-80067-007 158.75
TITLE NAME STREET ADDRESS CITY-S1-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				Chan	10. Florida Statutes   Liuther certify that the information

I further certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 trusted 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

1/19/51

321-453-4044

Daytime Phone #