

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90091 048 ***158.75

DOCUMENT # P95000036809

1. Entity Name
EXECUTIVE SHUTTLE SERVICE, INC.



Principal Place of Business

**106 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND, FL 32952**

3270 SUNTREE BLVD, #120

MELBOURNE, FL 32940

Mailing Address

EXECUTIVE SHUTTLE SVC, INC.

P.O. BOX 540186

MERRITT ISLAND, FL 32954-0186 US

3270 SUNTREE BLVD, #120

MELBOURNE, FL 32940

40002821



01092008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3324394

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RICARDO, GEORGE

106 E. MERRITT ISLAND CAUSEWAY

MERRITT ISLAND, FL 32952

3270 SUNTREE BLVD, #120

MELBOURNE, FL 32940

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

1/11/08

DATE

**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

TITLE	D
NAME	RICARDO, GEORGE
STREET ADDRESS	106 E. MERRITT ISLAND CAUSEWAY
CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	3270 SUNTREE BLVD, #120
STREET ADDRESS	MELBOURNE, FL 32940
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #