## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 12, 2005 08:00 AM **Secretary of State DOCUMENT # P97000029068** 1. Entity Name MELBOURNE AIRPORT SHUTTLE, INC. Principal Place of Business Mailing Address 1 AIR TERMINAL PARKWAY \_ 1 AIR TERMINAL PARKWAY MELBOURNE, FL 32901 MELBOURNE, FL 32901 03082005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3574620 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TANT, SANDRA DO NOT WRITE 1 AIR TERMINAL PARKWAY MELBOURNE, FL 32901 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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TANT, SANDRA NAME 1/00000261181 STREET ADDRESS 1398 SCHNEIDER STREET, SW 03/12/05-80054-014 158.75 CITY - ST-ZIP PALM BAY, FL 32908 TITLE NELSON, CHARLES NAME STREET ADDRESS 1398 SCHNEIDER STREET, SW CITY-ST-ZIP PALM BAY, FL 32908 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA TANT

321-724-1600

**FILED**