

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K87323

Entity Name: SHELL KEY SHUTTLE, INC.**Current Principal Place of Business:**MERRY PIER
801 PASS-A-GRILLE WAY
ST PETE BCH, FL 33706**Current Mailing Address:**% NANCY DAVIDEK
2465 WOODLAWN CIRCLE WEST
ST. PETERSBURG, FL 33704 US**FEI Number:** 59-2945211**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIDEK, NANCY LYNN
2465 WOODLAWN CIRCLE WEST
ST PETERSBURG, FL 33704 US*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.***SIGNATURE:** NANCY DAVIDEK

01/22/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DPT
Name	DAVIDEK, NANCY LDPT
Address	2465 WOODLAWN CIRCLE WEST
City-State-Zip:	SAINT PETERSBURG FL 33704

Title	DVS
Name	DAVIDEK, KIVEN LDVS
Address	2465 WOODLAWN CIRCLE WEST
City-State-Zip:	SAINT PETERSBURG FL 33704

Title	DIRECTOR
Name	BOUCHARD, CARL JOSEPH
Address	1002 1/2 PASS-A-GRILLE WAY APT A
City-State-Zip:	ST. PETE BEACH FL 33706

Title	DIRECTOR
Name	BOUCHARD, COLLEEN
Address	1002 1/2 PASS-A-GRILLE WAY APT A
City-State-Zip:	ST. PETE BEACH FL 33706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY DAVIDEK

DPT

01/22/2017

Electronic Signature of Signing Officer/Director Detail

Date