

**2019 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

02/19/2019

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         | 2708 47TH STREET SOUTH |
| City-State-Zip: | GULFPORT FL 33711      |

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | BOUCHARD, COLLEEN      |
| Address         | 2708 47TH STREET SOUTH |
| City-State-Zip: | GULFPORT FL 33711      |

*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

02/19/2019

Electronic Signature of Signing Officer/Director Detail

Date