

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000000475

1. Entity Name
JET'S AMERICA, INC.



Principal Place of Business
37177 MOUND ROAD
STERLING HEIGHTS, MI 48310

Mailing Address
37177 MOUND ROAD
STERLING HEIGHTS, MI 48310



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3021383

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JETTS, EUGENE JR.
STREET ADDRESS 37177 MOUND ROAD
CITY-ST-ZIP STERLING HEIGHTS, MI 48310

TITLE VD
NAME JETTS, JOHN
STREET ADDRESS 37177 MOUND ROAD
CITY-ST-ZIP STERLING HEIGHTS, MI 48310

TITLE S
NAME GALLOWAY, JAMES
STREET ADDRESS 37177 MOUND ROAD
CITY-ST-ZIP STERLING HEIGHTS, MI 48310

TITLE TD
NAME JETTS, JOHN
STREET ADDRESS 37177 MOUND ROAD
CITY-ST-ZIP STERLING HEIGHTS, MI 48310

TITLE D
NAME GALLOWAY, JEFFREY J
STREET ADDRESS 37177 MOUND ROAD
CITY-ST-ZIP STERLING HEIGHTS, MI 48310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000312752
04/18/05-80098-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

U.P. 4-13-05-586-268-5870