


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # F01000001962	
1. Entity Name WAYCROSS WINAIR CO.	

Principal Place of Business 195 KNIGHT AVE. CIR. WAYCROSS, GA 31503	Mailing Address 1000 HURRICANE SHOALS RD C-100 LAWRENCEVILLE, GA 30043
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05102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2609810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEVERETT, JAMES A 195 KNIGHT AVE. CIRCLE WAYCROSS, GA 31503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MUEGEL, PHILIP E 1000 HURRICANE SHOALS RD., C-100 LAWRENCEVILLE, GA 30043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS OSENBAUGH, JACK D 3110 KETTERING BLVD. DAYTON, OH 45439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRY, BEN 3110 KETTERING BLVD. DAYTON, OH 45439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEDICK, DONALD W 165 KEY CIRCLE DRIVE BRUNSWICK, GA 31520
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000584946  
05/20/06-80095-019 150.00

**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:** *Philip E Muegel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone