

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000006859

1. Entity Name
XTRA AIRWAYS, INC.



FILED
Jul 17, 2008 08:00 AM
Secretary of State

Principal Place of Business
331 7TH STREET
ELKO, NV 89801

Mailing Address
DONALD KASSILKE; C/O SHER & BLACKWELL
1850 M. ST., NW, SUITE 900
WASHINGTON, DC 20036 US



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-1387913

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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
DUNN, LISA
331 7TH STREET
ELKO, NV 89801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEPHENSON, MAGNUS
331 7TH STREET
ELKO, NV 89801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
DAVIS, SANDY
331 7TH STREET
ELKO, NV 89801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/17/08-80001-025 150.00

**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: *Lisa Dunn* Lisa Dunn/President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/08

Date

775-738-6040

Daytime Phone #