

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90179 029 ****61.25

DOCUMENT # N95000004077

1. Entity Name
COUNTRY AIRE SERVICE CORPORATION



Principal Place of Business
**38130 McDONALD ROAD
DADE CITY, FL 33525 US**

Mailing Address
**PO BOX 907
SAN ANTONIO, FL 33576 US**

00044672



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3584559

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWLON, JOSEPH
12146 CURLEY ST
PO BOX 907
SAN ANTONIO, FL 33576**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FINCH, GLEN
STREET ADDRESS 38144 WILLIAMS AIRZE ST
CITY-ST-ZIP DADE CITY, FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SMITTER, THERESA
STREET ADDRESS 38241 WILLIAMS AIRE ST
CITY-ST-ZIP DADE CITY, FL 33525

TITLE ☐ Change ☒ Addition
NAME **D BLAIR MAURKE**
STREET ADDRESS **38111 McDONALD ST.**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE VD ☒ Delete
NAME BUIZNHAM, BILL
STREET ADDRESS 38240 MARTIN ST.
CITY-ST-ZIP DADE CITY, FL 33525

TITLE ☐ Change ☒ Addition
NAME **MCALL RICHARD**
STREET ADDRESS **38155 MARTIN ST.**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE D ☐ Delete
NAME LAZZARI, EDWARD
STREET ADDRESS 38231 AL STREET
CITY-ST-ZIP DADE CITY, FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SZYMANSKI, STAN
STREET ADDRESS #27 JOHN CIRCLE 38130 McDONALD ROAD
CITY-ST-ZIP DADE CITY, FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HOLLAND, GARY
STREET ADDRESS 38211 WILLIMAS RIDE ST.
CITY-ST-ZIP DADE CITY, FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *X* *Glen Finch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLEN FINCH

X **4-27-2005** **352-567-7517**

Date

Daytime Phone #