

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004077

Entity Name: COUNTRY AIRE SERVICE CORPORATION**Current Principal Place of Business:**38130 MCDONALD ROAD
DADE CITY, FL 33525**Current Mailing Address:**PO BOX 1690
DADE CITY, FL 33526 US**FEI Number:** 59-3584559**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STELLA PIERSALL, CPA, P.A.
37300 LAYTON RD.
DADE CITY, FL 33525 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:** STELLA PIERSALL

01/27/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-------------------------|
| Title | PD |
| Name | AYOTTE, SERGE |
| Address | 38230 WILLIAMS AIRE #65 |
| City-State-Zip: | DADE CITY FL 33525 |

| | |
|-----------------|----------------------|
| Title | TD |
| Name | RYAN, TOM |
| Address | 38234 MARTIN ST. #35 |
| City-State-Zip: | DADE CITY FL 33525 |

| | |
|-----------------|----------------------|
| Title | VD |
| Name | KORRI, KEN |
| Address | 38254 LEO STREET #89 |
| City-State-Zip: | DADE CITY FL 33525 |

| | |
|-----------------|----------------------------|
| Title | SD |
| Name | MOGG, RITA |
| Address | 38150 WILLIAMS AIRE ST #72 |
| City-State-Zip: | DADE CITY FL 33525 |

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOM RYAN

TD

01/27/2022

Electronic Signature of Signing Officer/Director Detail

Date