

2023 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

03/06/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name WEIDNER, GARY
Address 38214 WILLIAMS AIRE #68
City-State-Zip: DADE CITY FL 33525

Title DIRECTOR
Name FLACK, ALLEN
Address 38141 WILLIAMS AIRE #46
City-State-Zip: DADE CITY FL 33525

Title VP
Name DOUCETTE, RON
Address 38140 MARTIN ST. #45
City-State-Zip: DADE CITY FL 33525

Title TREASURER
Name ROOFNER, CHRIS
Address 38210 LEO ST #98
City-State-Zip: DADE CITY FL 33525

Title PRESIDENT
Name DERRICO, THOMAS
Address 38240 LEO ST. #92
City-State-Zip: DADE CITY FL 33525

Title SECRETARY
Name STAUBS, TERRIE
Address 38215 MARTIN ST #30
City-State-Zip: DADE CITY FL 33525

Title DIRECTOR
Name STEELE, TERRY
Address 38149 AL ST. #107
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: CHRIS ROOFNER

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03/06/2023

Electronic Signature of Signing Officer/Director Detail

Date