

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90032 008 ***150.00

DOCUMENT # 168798

1. Entity Name

DALE MABRY SKYWAYS, INC.



Principal Place of Business
1002 FROG LEAP TRAIL
KENNESAW GA 30152

Mailing Address
1002 FROG LEAP TRAIL
KENNESAW GA 30152



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-0857897

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

JOHNSON, MARTHA M
818 SO WILLOW AVE
TAMPA FL 33606

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 removing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: STD ☐ Delete
NAME: MOSELEY, CARL L
STREET ADDRESS: 1002 FROGLEAP TRAIL
CITY-ST-ZIP: KENNESAW GA 30152

TITLE: VPDC ☐ Delete
NAME: JOHNSON, MARTHA M
STREET ADDRESS: 818 S WILLOW AVE
CITY-ST-ZIP: TAMPA FL 33606

TITLE: P ☐ Delete
NAME: MOSELEY, SUE E
STREET ADDRESS: 1002 FROGLEAP TRAIL
CITY-ST-ZIP: KENNESAW GA 30152

TITLE: S ☒ Delete
NAME: JOHNSON, JAMES H
STREET ADDRESS: 818 S WILLOW AVE
CITY-ST-ZIP: TAMPA FL 33606

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: VPDC ASSISTANTS ☒ Change ☐ Addition
NAME: JOHNSON, MARTHA M
STREET ADDRESS: 818 S WILLOW AV
CITY-ST-ZIP: TAMPA FL 33606

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

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

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

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 exemptions contained in Section 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:

Sue E Moseley

2-1-07

(770)794-7376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #