

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 367095

1. Entity Name

A1A AERIAL SERVICES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 21 AM 7:17

Principal Place of Business

712 ST. JOHNS AVE.  
PALATKA FL 32178  
US

Mailing Address

PO BOX 1337  
PALATKA FL 32177  
US

2. Principal Place of Business

712 St. Johns Ave

3. Mailing Address

712 St. Johns Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka FL

City & State

Palatka FL

Zip

32177

Country

Zip

32177

Country

4. FEI Number

59-1087025

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOHUTH, R.T.  
712 ST. JOHN'S AVE.  
E PALATKA FL 32177

7. Name and Address of New Registered Agent

Name

Kohuth, R.T.

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

712 St. Johns Ave

City

Palatka

FL

Zip Code

32177

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

R.T. Kohuth

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

(NOTE: Registered Agent signature required when reinstating)

7.14.04

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME KOHUTH, R.T.  
STREET ADDRESS 712 ST. JOHNS AVE  
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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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 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 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:

R.T. Kohuth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.14.04

Date

386-312-8338

Daytime Phone #

7/21/04