

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90059 043 ***150.00

DOCUMENT # F01000001962

1. Entity Name
WAYCROSS WINAIR CO.



Principal Place of Business

**195 KNIGHT AVE. CIR.
WAYCROSS, GA 31503**

Mailing Address

**1000 HURRICANE SHOALS RD
C-100
LAWRENCEVILLE, GA 30043**

40053332



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

58-2609810

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LEVERETT, JAMES A
STREET ADDRESS 195 KNIGHT AVE. CIRCLE
CITY-ST-ZIP WAYCROSS, GA 31503

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

TITLE ST ☐ Delete
NAME MUEGEL, PHILIP E
STREET ADDRESS 1000 HURRICANE SHOALS RD., C-100
CITY-ST-ZIP LAWRENCEVILLE, GA 30043

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

TITLE AS ☒ Delete
NAME OSENBAUGH, JACK D
STREET ADDRESS 3110 KETTERING BLVD.
CITY-ST-ZIP DAYTON, OH 45439

TITLE D ☐ Change ☒ Addition
NAME SALSMAN, MONTE
STREET ADDRESS 3110 KETTERING BLVD
CITY-ST-ZIP DAYTON OH 45439

TITLE D ☒ Delete
NAME FRY, BEN
STREET ADDRESS 3110 KETTERING BLVD.
CITY-ST-ZIP DAYTON, OH 45439

TITLE D ☐ Change ☐ Addition
NAME GROUT, CALVIN
STREET ADDRESS 3110 KETTERING BLVD
CITY-ST-ZIP DAYTON OH 45439

TITLE D ☒ Delete
NAME HEDICK, DONALD W
STREET ADDRESS 165 KEY CIRCLE DRIVE
CITY-ST-ZIP BRUNSWICK, GA 31520

TITLE D ☐ Change ☐ Addition
NAME ABBOTT, RUSSELL
STREET ADDRESS 2436A EAST OGLETHORPE HWY
CITY-ST-ZIP HINESVILLE GA 31313

TITLE ☐ Delete
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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/07