

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90978 042 ***150.00

DOCUMENT # F02000000642					
1. Entity Name TALLAHASSEE WINAIR CO.					
Principal Place of Business 870 BLOUNTSTOWN HIGHWAY, UNIT 5 TALLAHASSEE, FL 32304			Mailing Address C/O DAPSCO ATLANTA 1000 HURRICANE SHOALS RD NE., BLDG. D-50 LAWRENCEVILLE, GA 30043-4826		
2. Principal Place of Business		3. Mailing Address 1000 Hurricane Shoals Rd Suite, Apt. #, etc. C-100			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lawrenceville, GA		4. FEI Number 30-0035411	
Zip		Zip 30043		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARSONY, RICHARD D 870 BLOUNTSTOWN HWY., UNIT 5 TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSENBROUGH, JACK D 3110 KETTERING BLVD. DAYTON, OH 454391972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MUEGEL, PHILLIP E 1000 HURRICAN SHOALS RD. N.E., BLDG D-50 LAWRENCEVILLE, GA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Hurricane Shoals Rd C-100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRY, BENJAMIN G 3110 KETTERING BLVD. DAYTON, OH 454391972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, RUSSELL W 2636-A EAST OGLETHORPE HIGHWAY HINESVILLE, GA 313131309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Larkin, Mike 1000 Hurricane Shoals Rd C-100 Lawrenceville, GA 30043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDICK, DON W 165 KEY CIRCLE DRIVE BRUNSWICK, GA 315202829	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Philip E. Muegel</i>			Date: 4-27-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		