

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000005294

1. Entity Name
COMPAIR USA, INC.



Principal Place of Business
1634 SW 17TH ST
OCALA, FL 34474

Mailing Address
PO BOX 927
SIDNEY, OH 45365



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0466896

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIELINSKI, TODD J
1634 SW 17TH ST
OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCEO
SANDERS, NICHOLAS
HUGNENDEN AVENUE, HIGH WYCOMBE BUCKS
HP13 5SF UK,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MONN, GAVIN
211 EAST RUSSELL RD.
SIDNEY, OH 45365

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PEUSSAS, JOUKO
HUGNENDEN AVENUE, HIGH WYCOMBE BUCKS
HP13 5SF UK,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WALL, RICHARD
211 EAST RUSSELL ROAD
SIDNEY, OH 45365

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000399370
02/01/06-80007-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Richard W Wall Richard W Wall

1-20-06

937-498-2592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #