2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000006801

1. Entity Name
PSA AIRLINES, INC.

Principal Place of Business	Mailing Address
3400 TERMINAL DR. VANDALIA, OH 45377	3400 TERMINAL DR. VANDALIA, OH 45377

DO NOT WRITE IN THIS SPACE

03112008 No Chg-P CR2E034 (11/05)

4. FEI Number
25-1382555
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000876558
04/11/08-80079-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	HOUK, KEITH D
STREET ADDRESS	3400 TERMINAL DR.
CITY-ST-ZIP	VANDALIA, OH 45377
TITLE	V
NAME	KEUSCHER, TIMOTHY G
STREET ADDRESS	3400 TERMINAL DR.
CITY-ST-ZIP	VANDALIA, OH 45377
TITLE	V
NAME	REINHALTER, KEVIN
STREET ADDRESS	3400 TERMINAL DR.
CITY-ST-ZIP	VANDALIA, OH 45377
TITLE	S
NAME	RAY, CAROLINE V
STREET ADDRESS	111 WEST RIO SALADO PKWY
CITY-ST-ZIP	TEMPE, AZ 85281
TITLE	D
NAME	NOCELLO, ANDREW
STREET ADDRESS	111 WEST RIO SALADO PKWY
CITY-ST-ZIP	TEMPE, AZ 85281
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Keith D. Houk 3/12/08 937-454-1116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #