

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 3400 TERMINAL DR. VANDALIA, OH 45377	Mailing Address 3400 TERMINAL DR. VANDALIA, OH 45377
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DO NOT WRITE IN THIS SPACE



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number 25-1382555	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

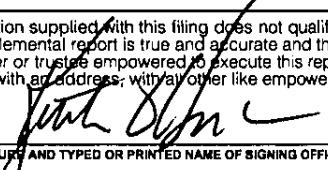
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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04/11/08-80079-002 150.00

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