

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90176 012 ***150.00

DOCUMENT # F98000004796

1. Entity Name
HYLAND AIR SERVICES, INC.



Principal Place of Business
**601 E 9TH STREET
OWENSBORO, KY 42303**

Mailing Address
**PO BOX 608
OWENSBORO, KY 42302**

50035789



2. Principal Place of Business

324 Ewing Rd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04042005

Chg-P

CR2E034 (10/03)

City & State

Owensboro, KY

City & State

4. FEI Number

61-1320150

Applied For

Not Applicable

Zip

42301

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORMAN, DOAN
54 MARK LANE
CENTER HILL, FL 33514**

7. Name and Address of New Registered Agent

Name **Moorman, Doan**

Street Address (P.O. Box Number is Not Acceptable)

1636 Lakeside DR

City **Deland**

FL

Zip Code

32720

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, 2005 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 **P** ☐ Delete
NAME **HYLAND, STEPHEN E**
STREET ADDRESS **601 E 9TH STREET**
CITY-ST-ZIP **OWENSBORO, KY 42303**

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

TITLE **M** ☐ Delete
NAME **MOORMAN, DOAN**
STREET ADDRESS **1636 LAKESIDE DRIVE**
CITY-ST-ZIP **DELAND, FL 32720**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

Stephen Hyland President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Hyland

4/7/05

(270) 686-7650

Date

Daytime Phone #