

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # K19657

1. Entity Name

AIR BUYERS ASSOCIATES, INC.



Principal Place of Business

218 CRESTWOOD DRIVE  
SUMMERVILLE SC 29483  
US

Mailing Address

PO BOX 50504  
SUMMERVILLE SC 29485  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2935578

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STIVER, WILLIAM E  
850 SOUTH RIVER ROAD  
ENGLEWOOD FL 34223

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME REAGLE, MARTY  
STREET ADDRESS 20485 STATE RD. 24 W  
CITY-ST-ZIP DEFIANCE OH 43512

TITLE C ☐ Delete  
NAME LASKIS, DAVE  
STREET ADDRESS 1517 CEDAR LANE RD  
CITY-ST-ZIP GREENVILLE SC 29617

TITLE P ☐ Delete  
NAME STIVER, WILLIAM  
STREET ADDRESS 850 S RIVER RD  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE S ☐ Delete  
NAME ERICSON, MARK  
STREET ADDRESS 1526 SASSAFRAS ST  
CITY-ST-ZIP ERIE PA 16502

TITLE T ☐ Delete  
NAME KAMIN, CARL  
STREET ADDRESS 21026 CASS  
CITY-ST-ZIP CLINTON TOWNSHIP MI 48036-1401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME U00000257781  
STREET ADDRESS 03/10/05-80014-019 150.00  
CITY-ST-ZIP

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

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

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

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)(f), 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:

*Mark F. Ericson* MARK F. ERICSON 3-7-05 8144524870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #