

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K19657

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: AIR BUYERS ASSOCIATES, INC.

**Current Principal Place of Business:**

218 CRESTWOOD DRIVE  
SUMMERVILLE, SC 29483 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 50504  
SUMMERVILLE, SC 29485 US

**New Mailing Address:**

FEI Number: 59-2935578      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LASKIS, DAVID  
5011 KERNWOOD CIRCLE  
PALM HARBOR, FL 30245 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: REAGLE, MARTY  
Address: 20485 STATE RD. 24 W  
City-St-Zip: DEFIANCE, OH 43512

Title: P ( ) Delete  
Name: LASKIS, DAVE  
Address: 1517 CEDAR LANE RD  
City-St-Zip: GREENVILLE, SC 29617

Title: S ( ) Delete  
Name: ERICSON, MARK  
Address: 1526 SASSAFRAS ST  
City-St-Zip: ERIE, PA 16502

Title: T ( ) Delete  
Name: KAMIN, CARL  
Address: 21026 CASS  
City-St-Zip: CLINTON TOWNSHIP, MI 480361401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A LASKIS

P

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date