

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # K90447**

**1. Entity Name  
DELUXE AIR CO., INC.**



**Principal Place of Business  
300 CIRCLE EAST  
JUPITER, FL 33458**

**Mailing Address  
300 CIRCLE EAST  
JUPITER, FL 33458**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
65-0125405  
**Applied For**  
Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KRAMER, SCOTT  
6650 INDIANTOWN RD  
JUPITER, FL 33458**

**DO NOT WRITE  
IN THIS SPACE**

**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**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
RENO, JOHN R  
300 CIRCLE EAST  
JUPITER, FL

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
RENO, RANDY  
7267 BUCKSFORD DR.  
RIVERVIEW, FL 33569

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RENO, M. ELAINE  
300 CIRCLE EAST  
JUPITER, FL

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000173738  
01/07/05-80030-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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:** *Elaine Reno* **Elaine Reno**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-5-05* **1-5-05** *561* **744-6060**  
Date Daytime Phone #