

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004077

FILED
Apr 02, 2009
Secretary of State

Entity Name: COUNTRY AIRE SERVICE CORPORATION

Current Principal Place of Business:

38130 MCDONALD ROAD
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 907
SAN ANTONIO, FL 33576 US

New Mailing Address:

FEI Number: 59-3584559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWLON, JOSEPH
12620 CURLEY ST
SAN ANTONIO, FL 33576 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AYOTTE, SERGE
Address: 38231 WILLIAMS AIRE #55
City-St-Zip: DADE CITY, FL 33525

Title: TD () Delete
Name: RYAN, TOM
Address: 38234 MARTIN ST. #35
City-St-Zip: DADE CITY, FL 33525

Title: VD () Delete
Name: MCCALL, RICHARD
Address: 38155 MARTIN STREET #19
City-St-Zip: DADE CITY, FL 33525

Title: SD () Delete
Name: MOGG, RITA
Address: 38150 WILLIAMS AIRE ST #72
City-St-Zip: DADE CITY, FL 33525

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM RYAN

TD

04/02/2009

Electronic Signature of Signing Officer or Director

Date