

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053230

Entity Name: AIR CONTROL SERVICES, INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

5423 N 59TH STREET
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 146
MANGO, FL 33550 US

New Mailing Address:

FEI Number: 59-3650644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALTERMAN, ARLEIGH A
35449 BILL DR
ZEPHYRHILLS, FL 33541 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: P () Delete
Name: HALTERMAN, ARLEIGH A
Address: 35449 BILL DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VP () Delete
Name: CADLE, DENNIS L
Address: 12911 N OREGON AVE
City-St-Zip: TAMPA, FL 33612

Title: S/T () Delete
Name: CADLE, DENNIS L
Address: 12911 N OREGON AVE
City-St-Zip: TAMPA, FL 33612

Title: T () Delete
Name: HALTERMAN, ARLEIGH
Address: 35449 BILL DR.
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: CADLE, DENNIS L
Address: 12911 N OREGON AVE
City-St-Zip: TAMPA, FL 33612

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: ARLEIGH A. HALTERMAN

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date