

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000170878

1. Entity Name
KATHY'S AIRPORT SERVICE, INC.



**FILED
May 01, 2007 8:00 am
Secretary of State**

05-01-2007 90040 038 ***150.00

40096061



04202007 Chg-P CR2E034 (12/06)

Principal Place of Business
4169 LAMSON AVENUE, SUITE 111
SPRING HILL, FL 34608

Mailing Address

4169 LAMSON AVENUE, SUITE 111
SPRING HILL, FL 34608

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1238257

Applied For
Not Applicable

Zip Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELEN, CAROL
4274 CANDLER AVE
SPRING HILL, FL 34608

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME MELEN, CAROL
STREET ADDRESS 4274 CANDLER AVE
CITY-ST-ZIP SPRING HILL, FL 34608

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE V
NAME MELEN, ROBERT
STREET ADDRESS 4274 CANDLER AVE
CITY-ST-ZIP SPRING HILL, FL 34608

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Carolyn D. Melen
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 352-666-5000
Date Daytime Phone #