

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90038 045 ***150.00

DOCUMENT # P04000170878 1. Entity Name KATHY'S AIRPORT SERVICE, INC.					
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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1238257	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MELEN, CAROL 4274 CANDLER AVE SPRING HILL, FL 34608				7. Name and Address of New Registered Agent Name CHARLES ROBINSON Street Address (P.O. Box Number is Not Acceptable) 15451 LAMSON DR SPRING HILL FL City FL Zip Code 34610	
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 CHARLES ROBINSON DATE 4/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MELEN, CAROL 4274 CANDLER AVE SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHARLES ROBINSON 15451 LAMSON DR SPRING HILL FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MELEN, ROBERT 4274 CANDLER AVE SPRING HILL, FL 34608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVID PEARLSTIN 5343 ELKIN AVE SPRING HILL FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.					
SIGNATURE: CHARLES ROBINSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/11/08 Daytime Phone # 352 666 5000		