

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90029 042 \*\*\*150.00

**DOCUMENT # P16462**

1. Entity Name  
COMAIR SOUTH, INC.



Principal Place of Business  
P.O. BOX 75021  
CINCINNATI, OH 45275 US

Mailing Address  
1030 DELTA BLVD  
DEPT #852  
ATLANTA, GA 30354 US

**60025933**



03062007 Chg-P CR2E034 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
31-1010394

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST  
STE 105  
TALLAHASSEE, FL 32301

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

TITLE D ☒ Delete  
NAME FISHER, JEFFREY T  
STREET ADDRESS 1030 DELTA BLVD  
CITY-ST-ZIP ATLANTA, GA 30354

TITLE T ☐ Delete  
NAME WARWAR, MONA  
STREET ADDRESS 1030 DELTA BLVD  
CITY-ST-ZIP ATLANTA, GA 30354

TITLE S ☐ Delete  
NAME SLOON, NANCY O  
STREET ADDRESS 1030 DELTA BLVD, DEPT 852  
CITY-ST-ZIP ATLANTA, GA 30354

TITLE CFO ☐ Delete  
NAME BORNHORST, DONALD  
STREET ADDRESS 1030 DELTA BLVD #852  
CITY-ST-ZIP ATLANTA, GA 30354

TITLE VP ☐ Delete  
NAME SOAPER, DAVID  
STREET ADDRESS 1030 DELTA BLVD, DEPT 852  
CITY-ST-ZIP ATLANTA, GA 30354

TITLE D ☒ Delete  
NAME KOLSHAK, JOSEPH C  
STREET ADDRESS 1030 DELTA BLVD  
CITY-ST-ZIP ATLANTA, GA 30354

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME SAMUEL H. HALTER  
STREET ADDRESS 1030 Delta Blvd, Dept 852  
CITY-ST-ZIP Atlanta, GA 30354

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CFO ☐ Change ☒ Addition  
NAME DANIEL W. DIXON  
STREET ADDRESS 1030 Delta Blvd, Dept 852  
CITY-ST-ZIP Atlanta, GA 30354

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:**

*[Signature]*

MONA Warwar

3/15/07

(404) 715-5013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #