

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-12-2007 90469 001 ***150.00
03-12-2007 90469 002 *****8.75

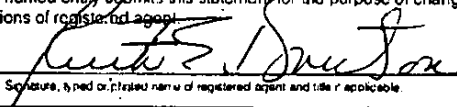
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IN PART OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/06)

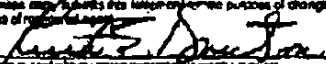
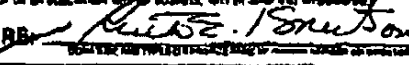
DOCUMENT # P93000021178					
1. Entity Name CORAL AIR SQUARE, INC.					
Principal Place of Business P.O. BOX 760 HUNTINGTON NY 11743			Mailing Address % DETTMAN PROPERTIES, INC. 2550 N. FEDERAL HWY #6 FT. LAUDERDALE FL 33305		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-3149591	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DETTMAN PROPERTIES, INC. 2550 N FEDERAL HWY #6 FORT LAUDERDALE FL 33305			7. Name and Address of New Registered Agent		
			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 resigning) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	NAME	STREET ADDRESS CITY- ST- ZIP	TITLE	NAME	STREET ADDRESS CITY- ST- ZIP
PT	KNUTSON, RUTH E	FT AUGUSTA #8 CHRISTIANSTED ST CROIX			
V	KNUTSON, TORKEL A	156 N.Y. AVE HALESITE NY 11743			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>See Attached For Signature</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FROM : RUTHELIZABTH KNUTSON FAX

FAX NO.: 3407192111

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**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P0000021170			
1. Entity Name CORAL AIR SQUARE, INC.			
Principal Place of Business P.O. BOX 190 HUNTINGTON NY 11743		Mailing Address % DETTMAN PROPERTIES, INC. 2650 N. FEDERAL HWY 88 FT. LAUDERDALE FL 33308	
3. Mailing Place of Business - No P.O. Box		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. AR Number 11-3149001		5. Certificate of Status Expires	
6. State and Address of Principal Place of Business		7. State and Address of Main Registered Agent	
DETTMAN PROPERTIES, INC. 2650 N. FEDERAL HWY 88 PORT LAUDERDALE FL 33308		Name Street Address (P.O. Box, Number or Post Office) City FL 33308	
8. The above named entity certifies the truth and correctness of changing its registered office or registered agent, or both, in the State of Florida. I am authorized and agree to the consequences of registration.			
SIGNATURE 		DATE	
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$200.00 Must be Paid to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			
211 NAME 11/11/1998 OFF: 11-11	KNUTSON, RUTH E PT ALBUQUERQUE CHRISTIANSTEDT BY CHURCH	211 NAME 11/11/1998 OFF: 11-11	211 NAME 11/11/1998 OFF: 11-11
211 NAME 11/11/1998 OFF: 11-11	KNUTSON, TONKEL A 100 N. PLY. AVE HALLSBURY NY 11743	211 NAME 11/11/1998 OFF: 11-11	211 NAME 11/11/1998 OFF: 11-11
211 NAME 11/11/1998 OFF: 11-11		211 NAME 11/11/1998 OFF: 11-11	211 NAME 11/11/1998 OFF: 11-11
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211 NAME 11/11/1998 OFF: 11-11		211 NAME 11/11/1998 OFF: 11-11	211 NAME 11/11/1998 OFF: 11-11
11. ADDITIONAL REGISTERED OFFICERS AND DIRECTORS (If any)			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and correct and that my signature shall have the same legal effect as if made under oath. I will not be liable for the or the consequences of this report to anyone excepted to submit the report as required by Chapter 407, Florida Statutes, and that my name appears in block 10 or block 11 a statement of 10 or 11 on this report as required, and if any are answered.			
SIGNATURE 		4/4/07 