

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061915

Entity Name: HASTY AIR FREIGHT, INC.

FILED  
Aug 11, 2004  
Secretary of State

**Current Principal Place of Business:**

14008 MIDDLETON WAY  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22001  
TAMPA, FL 33622 US

**New Mailing Address:**

FEI Number: 59-3586683      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRAYNE, DENNIS  
14008 MIDDLETON WAY  
TAMPA, FL 33624

**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: D ( ) Delete  
Name: FRAYNE, DENNIS  
Address: 14008 MIDDLETON WAY  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: JACKSON, DAVID R  
Address: 14005 MIDDLETON WAY  
City-St-Zip: TAMPA, FL 33624

Title: D (X) Delete  
Name: JACKSON, MARY ANN  
Address: 14005 MIDDLETON WAY  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D,P (X) Change ( ) Addition  
Name: FRAYNE, DENNIS  
Address: 14008 MIDDLETON WAY  
City-St-Zip: TAMPA, FL 33624

Title: VP (X) Change ( ) Addition  
Name: JACKSON, DAVID R  
Address: 14005 MIDDLETON WAY  
City-St-Zip: TAMPA, FL 33624

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENNIS FRAYNE

PRES

08/11/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date