

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000068398

1. Entity Name
AIR T-B, INC.



Principal Place of Business
13000 NORTH DALE MABRY HWY
TAMPA, FL 33618

Mailing Address
13000 NORTH DALE MABRY HWY
TAMPA, FL 33618



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3590682	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHANNON, THOMAS J JR
13000 NORTH DALE MABRY HWY
TAMPA, FL 33618

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IN THIS SPACE

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME	SHANNON, THOMAS J JR
STREET ADDRESS	13000 NORTH DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 33618

TITLE	SD
NAME	WHELAN, TERRI M
STREET ADDRESS	13000 N. DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 33618

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01/24/05-R0057-013 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas J. Shannon, Jr. 1/12/2005 813 961-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS J. SHANNON, JR., President