


10FZ

2005 FOR PROFIT CORPORATION ANNUAL REPORT

| | |
|--|---|
| DOCUMENT # 367095 1. Entity Name A1A AERIAL SERVICES, INC. |  |
|--|---|

05 AUG 18 AM 8:43

| | |
|---|---|
| Principal Place of Business 712 ST. JOHNS AVE. PALATKA, FL 32177 US | Mailing Address 712 ST. JOHNS AVE. PALATKA, FL 32177 US |
|---|---|

DO NOT WRITE IN THIS SPACE



07252005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-1087025 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

KOHUTH, R T
712 ST. JOHN'S AVE.
E PALATAKA, FL 32177

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KOHUTH, R.T. 712 ST. JOHNS AVE PALATKA, FL 32177 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

700058786197
08/19/05--01050--009 **150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 lists empowered.

SIGNATURE: R. T. Kohuth Date: 8-15-05

20f2

To/ Ms. Barbara Mitchell
Document Specialist

R.T. Kohuth
POB 1337
Palatka, 32178

8-03-05

Re: yours of 7-25-05

Ms. Mitchell →

Thanks for pointing out my canceled checks to your dept. were for the previous yr.

As you see I've some of those 8 corps. for over 40 yrs. I was never late. Two or three yrs. ago the same thing happened i.e. threat of dissolution. It was shown to someone in Tallahassee, via my atty., that I am usually very punctual.

I know I mailed (8) \$150 checks, in one envelope with the reports. I had my bank look for the canceled checks. None. The checks were timely mailed but either lost in the mails or lost in Tallahassee.

I've looked at each of my corporate IRS returns & deducted the corporate fee on each. I'm happy to fax you those if you like.

Synopsis: the checks were mailed timely but not cashed; not my fault, I don't wish to have my corps. dissolved. Please find the compassion to accept \$150. per sans penalties as I'll go to my grave swearing the uncashed checks were no fault of mine.

Thank you, R. T. Kohuth
home (386) 328-5441
fax 386 312-8339