


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90038 047 ***150.00

DOCUMENT # **367095**

1. Entity Name
A1A AERIAL SERVICES, INC.



Principal Place of Business
**714 ST. JOHNS AVE.
 PALATKA FL 32177
 US**

Mailing Address
**714 ST. JOHNS AVE.
 PALATKA FL 32177
 US**



2. Principal Place of Business - No P.O. Box #
712 St. Johns Ave

3. Mailing Address
712 St. Johns Ave

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Palatka FL

4. FEI Number **59-1087025**

Applied For
 Not Applicable

Zip **32177** Country **Putnam**

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

6. Name and Address of Current Registered Agent
**SHARP, ALEXANDER M.
 714 ST. JOHN'S AVE.
 PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name **R.T. Kohuth**

Street Address (P.O. Box Number is Not Acceptable)

above

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
P	KOHUTH, R.T.	712 ST. JOHNS AVE	PALATKA FL 32177	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: **R.T. Kohuth** **R.T. Kohuth** **3-10-07** **386-546-0277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #