

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005859

FILED  
Mar 06, 2006  
Secretary of State

Entity Name: HYANNIS AIR SERVICE, INC.

**Current Principal Place of Business:**

BARNSTABLE MUNICIPAL AIRPORT  
HYANNIS, MA 02601

**New Principal Place of Business:**

**Current Mailing Address:**

660 BARNSTABLE RD  
HYANNIS, MA 02601 US

**New Mailing Address:**

FEI Number: 04-3005476      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SMITH, PETE  
574 TERMINAL DRIVE  
NAPLES, FL 34104 US

**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: CPD ( ) Delete  
Name: WOLF, DANIEL A  
Address: 168 MAIN STREET  
City-St-Zip: HARWICH, MA 02648 US

Title: TD ( ) Delete  
Name: WILSON, GRANT M  
Address: 111 POND ST  
City-St-Zip: COHASSET, MA 02025

Title: S ( ) Delete  
Name: RAFTERY, THOMAS  
Address: P O BOX 550  
City-St-Zip: CARLISLE, MA 01741

Title: D ( ) Delete  
Name: PRICE, RUSSEL  
Address: 272 WHISTLEBERRY DR  
City-St-Zip: MARSTONS MILLS, MA 02645

Title: D ( ) Delete  
Name: LUENING, J D  
Address: 1033 FEARRINGTON POST  
City-St-Zip: FEARRINGTON VILLAGE, NC 27312

Title: D ( ) Delete  
Name: BAUER, GEORGE P  
Address: 128 DUNNING RD  
City-St-Zip: NEW CANAAN, CT 06840

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

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

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

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

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

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

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 Chapter 119, 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: DANIEL A. WOLF

CPD

03/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date