

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005859

FILED  
Feb 07, 2012  
Secretary of State

Entity Name: HYANNIS AIR SERVICE, INC.

**Current Principal Place of Business:**

660 BARNSTABLE ROAD  
HYANNIS, MA 02601

**New Principal Place of Business:**

**Current Mailing Address:**

660 BARNSTABLE ROAD  
HYANNIS, MA 02601

**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:**

SHELLEY, DANIEL  
ONE PRIVATE SKY WAY  
FORT MYERS, FL 33913      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

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: WOLF, DANIEL A  
Address: 168 MAIN STREET  
City-St-Zip: HARWICH, MA 02648 US

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

Title: S  
Name: RAFTERY, THOMAS  
Address: P O BOX 812  
City-St-Zip: NORTH CHATHAM, MA 02650

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

Title: P  
Name: BUSHY, DAVID  
Address: 60 TURNIP LANE  
City-St-Zip: EASTHAM, MA 02642

Title: AT  
Name: MIGLIORE, MICHAEL A  
Address: 17 ELIJAH'S HOLLOW ROAD  
City-St-Zip: SANDWICH, MA 02563

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL A MIGLIORE

CFO

02/07/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date