



WEB FORM
COPY

STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

AZ Corp. Commission



02743181

DUE ON OR BEFORE 04/14/2009

FILING FEE \$10.00

PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§ 10-121(A) & 10-3121(A). YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation.

-0712002-2

1. RIM COUNTRY FLYERS
% RONALD A. REINHOLD
240 N STAGECOACH PASS
PAYSON, AZ 85541

TONY J. SALVAGGIO
2202 E. Feather Plume LN
RECEIVED

MAR 08 2009

Business Phone: _____

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2.

Statutory Agent: RONALD A. REINHOLD

Statutory Agent's Street or Physical Address, If Different.

Mailing Address: PO BOX 1884

Physical Address: 240 N STAGECOACH PASS

City, State, Zip: PAYSON, AZ 85541

City, State, Zip: PAYSON, AZ 85541

TONY J. SALVAGGIO

2202 E. Feather
Plume LN
85541

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Reinstates	\$ _____
Expedite	\$ _____
Resubmits	\$ _____

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Tony J. Salvaggio
Signature of new Statutory Agent

TONY J. SALVAGGIO
Printed Name of new Statutory Agent

RECEIVED

3. Secondary Address:

(Foreign Corporations are **REQUIRED** to complete this section).

APR 08 2009

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other _____ |

NON-PROFIT CORPORATIONS

- | |
|--|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input checked="" type="checkbox"/> 7. Social <i>Radio Control Aircraft Club</i> |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Cooperative Marketing Association |
| <input type="checkbox"/> 15. Animal Husbandry |
| <input type="checkbox"/> 16. Homeowner's Association |
| <input type="checkbox"/> 17. Professional, commercial
Industrial or trade association |
| <input type="checkbox"/> 18. Other _____ |

5. CAPITALIZATION: (For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. PLEASE PRINT OR TYPE CLEARLY.

5a. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized.

Number of Shares/Certificates Authorized Class Series Within Class (if any)

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of shares issued.

Number of Shares/Certificates Issued Class Series Within Class (if any)

6. SHAREHOLDERS: (For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

NONE ☒ Name: _____ Name: _____
Name: _____ Name: _____

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: FRANK GOLUB Dick Campbell Name: _____
Title: PRESIDENT Title: _____
Address: 640 W OAK RIDGE CR Address: _____
1201 N. Hillcrest Dr.
PAYSON, AZ 85541

Date taking office: 1/1/2008 1/1/2009 Date taking office: _____
Name: TONY J. SALVAGGIO Name: _____
Title: SECRETARY TREASURER Title: _____
Address: 2202 E Feather Plume Ln Address: _____
PAYSON, AZ 85541

Date taking office: 1/1/2009 Date taking office: _____
8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.
Name: RONALD A. BENAVIDES TONY J. SALVAGGIO Name: _____
Address: P.O. BOX 2681 Address: _____
2202 E. Feather Plume Ln.
PAYSON, AZ 85547

Date taking office: 4/1/2008 1/1/2009 Date taking office: _____
Name: _____ Name: _____
Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

COMMISSIONERS
KRISTIN K. MAYES - Chairman
GARY PIERCE
PAUL NEWMAN
SANDRA D. KENNEDY
BOB STUMP



MICHAEL P. KEARNS
Interim Executive Director

LINDA FISHER
Director, Corporations Division

ARIZONA CORPORATION COMMISSION

CORPORATIONS DIVISION
1300 West Washington
Phoenix, Arizona 85007-2929

RIM COUNTRY FLYERS
% TONY J SALVAGGIO
2202 E FEATHER PLUME LN

PAYSON, AZ 85541

Effective Date: **04/02/2009**
File No: **-0712002-2**

Original Due Date: **April 14, 2009**

Received: **03/03/09**

We have deposited your check, however your annual report is being returned for the following reason(s):

Section 12 signature requirements are as follows:
Corporations - the signer shall be a duly authorized officer listed in section 7 on page 2. We can not accept this report unless officer signs the report and prints name, title, and the date. (Signature will not be accepted unless dated).

IMPORTANT INFORMATION

Please note: This annual report has not been approved, it is being returned to you for corrections which are listed above. If you wish to avoid additional penalties and possible administrative dissolution, this report must be returned within 30 days after the effective date of this notice to be deemed timely filed. Refer to A.R.S. 10-1622.F for more information.

To successfully process your document, it is important for you to return:

- 1) A copy of this letter.
- 2) All annual report(s) which accompanied this letter (with corrections made).
- 3) Filing fee, penalties, or reinstatement fee, if due.
- 4) Additional forms if required.

AR: 0021

REV. 12/2008

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9))

Nonprofits – If your annual report is due on or before September 25, 2008, you must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). If your nonprofit annual report is due after September 25, 2008, a financial statement is not required. Cooperative marketing associations must in all cases submit a financial statement. All other forms of corporations are exempt from filing a financial statement no matter what date the annual report was due.

ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:**9A. MEMBERS (A.R.S. §10-11622(A)(8))**This corporation **DOES** ☒ **DOES NOT** ☐ have members.**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))**

- A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:
1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
 2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
 3. Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) the consumer fraud laws of that jurisdiction, or
 - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked: YES ☐ **NO** ☒

If "YES" to A, the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1 through 3 above.

- | | |
|---|---|
| 1. Full birth name. | 5. Date and location of birth. |
| 2. Full present name and prior names used. | 6. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case. |
| 3. Present home address. | |
| 4. All prior addresses for immediately preceding 7 year period. | |

- B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

One box must be marked: YES ☐ **NO** ☒

If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement above.

- (a) Name and address of each corporation and the persons involved.
- (b) State(s) in which it: (i) was incorporated and (ii) transacted business.
- (c) Dates of corporate operation.

11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)

- A. Has the corporation filed a petition for bankruptcy or appointed a receiver? **One box must be marked: YES** ☐ **NO** ☒

If "Yes" to A, the following information must be submitted as an attachment to this report:

1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.
2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:
 - (a) Name and address of each corporation;
 - (b) States in which it: (i) was incorporated and (ii) transacted business.
 - (c) Dates of operation.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of perjury, that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of perjury that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Tony J. Salva 9726 Date 3/2/09 Name _____ Date _____
 Signature Tony J. Salva Signature Richard L. C. Pannell
 Title Secretary / Treasurer Title PRESIDENT
 (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)

