

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 209263

FILED
Apr 21, 2009
Secretary of State

Entity Name: DELTA AIRCRAFT CORPORATION

Current Principal Place of Business:

1414 W SWANN AVE STE 100
TAMPA, FL 33606 US

New Principal Place of Business:

1414 W SWANN AVE
STE 100
TAMPA, FL 33606 US

Current Mailing Address:

1414 W SWANN AVE STE 100
TAMPA, FL 33606 US

New Mailing Address:

1414 W SWANN AVE
STE 100
TAMPA, FL 33606 US

FEI Number: 59-1288530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUSEN, W.A., SR.
1414 W SWANN AVE
STE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

KRUSEN, WILLIAM A SR
1414 W SWANN AVE
STE 100
TAMPA, FL 33606 US

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: WILLIAM A KRUSEN SR

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KRUSEN, W. A. JR
Address: 1414 W SWANN AVE STE 100
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: KRUSEN, CHARLES B
Address: 781 5TH AVE, APT 614
City-St-Zip: NEW YORK, NY 10022

Title: TS () Delete
Name: JONES, DOUGLAS N
Address: 1414 W SWANN AVE STE 100
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: MEYJES, PAMELA
Address: 350 E 57TH STREET, APT 15B
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KRUSEN, W. ANDREW JR
Address: 1414 W SWANN AVE STE 100
City-St-Zip: TAMPA, FL 33606

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

Title: TS (X) Change () Addition
Name: JONES, DOUGLAS N
Address: 1414 W SWANN AVE STE 100
City-St-Zip: TAMPA, FL 33606

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

I hereby certify that the information supplied with this filing does not qualify 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: DOUGLAS N JONES

TS

04/21/2009

Electronic Signature of Signing Officer or Director

Date