2006.FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 08:00 AM Secretary of State

OCUMENT	#	F020	0000	6049
Cattle Blace				

1. Entity Name
FLIGHT TIME LEASING, INC.



Principal Place of Business

Mailing Address

1200 FLIGHTLINE BLVD., SUITE 10 DELAND, FL 32724

 448 N. PINE MEADOW DRIVE DEBARY, FL 32713

DO NOT WRITE IN THIS SPACE

03172006 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0099673

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOCUM, MICHAEL D 1200 FLIGHTLINE BLVD., SUITE 10 DELAND. FL 32724

DO NOT WRITE IN THIS SPACE

DELAND, FL 32724			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the plans of registered agent.	surpose of changing its register	ed office or re	agistered agent, or bo	oth, in the State of Florida. I am lambi	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	i applicable (NOTE: Registers	d Agent signature	seculated when reinstellings	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000472994 03/30/86-80016-018	3 150.00
10.	OFFICERS AND DIREC	TORS			<u> </u>	
title Hame Street Address City-St-Zip	CP YOCUM, MICHAEL D 448 N. PINE MEADOW DRIVE DEBARY, FL. 32713					
title name street address city-st-lip					·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				CDO	NOT WRITE	

DO NOT WRITE

CITY	Y-ST-ZIP		
	of the co	id on this tepon of supplemental report is true and accurate and that my signature Ofporation of the seceiver of trustee empowered to execute this report as required t	lions contained in Chapter 119, Florida Statutes. I further certily that the information shall have the same legal effect as if made under oath, that I am an officer or director by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
	спапдео	d, or on an attachment with an address, with all other like empowered	

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CATY-ST-ZEP
TITLE
NAME
STREET ADDRESS
CATY-ST-ZEP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

GNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/66 Daylina Phone 9