

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State

06-14-2007 90001 032 ***150.00

DOCUMENT # F02000006049					
1. Entity Name FLIGHT TIME LEASING, INC.					
Principal Place of Business 1200 FLIGHTLINE BLVD., SUITE 10 DELAND, FL 32724			Mailing Address 448 N. PINE MEADOW DRIVE DEBARY, FL 32713		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0099673	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YOCUM, MICHAEL D 1200 FLIGHTLINE BLVD., SUITE 10 DELAND, FL 32724			Name <u>VIC JOHNSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 FLIGHTLINE BLVD, STE 5</u> City <u>DELAND, FL</u> Zip Code <u>32724</u>		
8. 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. I am familiar with and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> <u>PRESIDENT</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>6-11-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP YOCUM, MICHAEL D 448 N. PINE MEADOW DRIVE DEBARY, FL 32713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VIC JOHNSON 1200 FLIGHTLINE BLVD, STE 5 DELAND, FL 32724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>PRESIDENT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>6-11-07</u> <small>Daytime Phone #</small>		

40140100



06082007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name VIC JOHNSON
Street Address (P.O. Box Number is Not Acceptable)
1200 FLIGHTLINE BLVD, STE 5
City DELAND, FL Zip Code 32724

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VIC JOHNSON 1200 FLIGHTLINE BLVD, STE 5 DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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DATE 6-11-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #