2005 FOR PROPIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # F03000003145 1. Entity Name YZ AIRPLANE LEASING CORPORATION				Seci	ctary c	n State	
Principal Place of Business 2392 APPALOOSA TRAIL WELLINGTON, FL 33414	Mairing Address 2392 APPALODSA TRAIL WELLINGTON, FL 33414				- 31 111 25 11 1 2515 1181	1 5) 14 1)	
DO NOT WRITE IN THIS SPA		CE	03242005 4. FEI Numbe 62-155		CR2E034 (1	, -,, <u>-,,</u> -,, <u>-,,,</u>	
6. Name and Address of Current Registered Agent WEISE, THEODORE L 2392 APPALOOSA TRAIL WELLINGTON, FL 33414				NOT W	- 	and the second	
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 act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 P. Election Campaign Financing Added to Fees					ar with, and accept		
TITLE CP NAME WEISE, THEODORE L STREET ADDRESS 2392 APPALOOSA TRAIL CITY-ST-ZIP WELLINGTON, FL 33414 TITLE VCS NAME WEISE, SHARON STREET ADDRESS 2392 APPALOOSA TRAIL CITY-ST-ZIP WELLINGTON, FL 33414	DIRECTORS		1 · · · · · · · · · · · · · · · · · · ·	U0001 04/13/0	00302603 5-80079-(303 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT W THIS SF			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAY OFFICER OR DIRECTOR

THEODORG L. WEISE

4-7-05

561-742-0261

Date

Daytime Phone #