

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000003271**

1. Entity Name  
**ECHO AVIATION SALES & LEASING, INC.**

Principal Place of Business  
**777 EAST ATLANTIC AVE.  
APT. #Z 202  
DELRAY BEACH, FL 33483 US**

Mailing Address  
**PO BOX 1080  
PADUCAH, KY 42002 US**

U000000085718  
03/11/04-80058-023 150.00



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number **61-1205667** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PEEL, MARK J  
777 EAST ATLANTIC AVE.  
APT. #A 202  
DELRAY BEACH, FL 33483**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PEEL, MARK J  
STREET ADDRESS 777 E. ATLANTIC AVE., APT. #Z 202  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:** **MARK J. PEEL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-8-04**

Date

Daytime Phone #