

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80086

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: CHARTERCRAFT LEASING AND SALES, INC.

## Current 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 Principal Place of Business:

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: 59-1944362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRUSEN, W. ANDREW, JR.  
1414 S. 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. ANDREW, JR.  
Address: 1414 W. SWANN AVE, STE 100  
City-St-Zip: TAMPA, FL 33606

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP (X) Change ( ) Addition  
Name: KRUSEN, WILLIAM A SR  
Address: 1414 W SWANN AVE, STE 100  
City-St-Zip: TAMPA, FL 33606

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:

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