

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90013 044 ***150.00

DOCUMENT # P01000113954

1. Entity Name
SOUTHERN AIRCRAFT LEASING, INC.



Principal Place of Business
1020 W INTERNATIONAL SPEEDWAY BLVD
STE 200
DAYTONA BEACH, FL 32114-3449

Mailing Address
1020 W INTERNATIONAL SPEEDWAY BLVD
STE 200
DAYTONA BEACH, FL 32114-3449

40047928



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02062008 Chg-P CR2E034 (12/06)

City & State
Zip Country

4. FEI Number
59-3756656

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT R
4244 JACKSON STREET
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

Name Johnson, Robert R
Street Address (P.O. Box Number is Not Acceptable)
1020 W International Speedway Blvd
Ste. 200
City Daytona Beach FL Zip 32114

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, ROBERT R 1020 W INTERNATIONAL SPEEDWAY BLVD 200 DAYTONA BEACH, FL 321143449 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, ALAN 1020 W INTERNATIONAL SPEEDWAY BLVD 200 DAYTONA BEACH, FL 321143449 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, KALYN 1020 W INTERNATIONAL SPEEDWAY BLVD 200 DAYTONA BEACH, FL 321143449 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X3-7-a
Date _____ Daytime Phone # _____