

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90281 043 \*\*\*158.75

**DOCUMENT # P02000095627**

1. Entity Name  
**LLS AIRCRAFT SALES, INC.**



Principal Place of Business  
**1835 S OCEAN DR, UNIT A  
DELRAY BEACH, FL 33483**

Mailing Address  
**1835 S OCEAN DR, UNIT A  
DELRAY BEACH, FL 33483**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2291901</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**GOLDSTEIN, MARK B  
2700 N MILITARY TRAIL, STE 130  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, DONALD 1835 S OCEAN DR, UNIT A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, JOSHUA 1835 S OCEAN DR, UNIT A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>LONGMAN, RODNEY</del> <del>1835 S OCEAN DR, UNIT A</del> <del>DELRAY BEACH, FL 33483</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPARD, GEORGE 1835 S OCEAN DR, UNIT A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jean Robichaud 1835 S Ocean Dr. Unit A Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 the empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donald Lloyd*  
**Donald Lloyd**

Date

**561-445-848**  
Daytime Phone #