

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90107 010 ***150.00

DOCUMENT # P02000131146

1. Entity Name

DELTA AIRCRAFT FINANCE CORPORATION



Principal Place of Business

8610 59 ST. E.
PARRISH FL 34219

Mailing Address

8610 59 ST. E.
PARRISH FL 34219

20054031



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

11534 57 ST. CIRCLE E.
PARRISH FL
City & State

3. Mailing Address

11534 57 ST. CIRCLE E.
PARRISH FL
City & State

Zip
34219

Country
USA

Zip
34219

Country
USA

4. FEI Number 06-1665528

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SPAR, ROBERT | |
| STREET ADDRESS | 5951 CRYSTAL VIEW DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | SPAR, BEVERLY | |
| STREET ADDRESS | 5951 CRYSTAL VIEW DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | PP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPAR, ROBERT | |
| STREET ADDRESS | 11534 57 ST. CIRCLE E | |
| CITY-ST-ZIP | PARRISH FL 34219 | |
| TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPAR, BEVERLY | |
| STREET ADDRESS | 11534 57 ST. CIRCLE E | |
| CITY-ST-ZIP | PARRISH FL 34219 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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)(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:

Robert Spar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05
Date

Daytime Phone #