

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000088878

1. Entity Name

AIRCRAFT LENDING.COM, INC.



Principal Place of Business

10825 WOODCHASE CIR.  
ORLANDO, FL 32836

Mailing Address

10825 WOODCHASE CIR.  
ORLANDO, FL 32836



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3127114

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARCHESIANI, LOUIS  
10825 WOODCHASE CIR.  
ORLANDO, FL 32836

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

U000000257989  
03/10/05-20024-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MARCHESIANI, LOUIS  
STREET ADDRESS 10825 WOODCHASE CIR.  
CITY - ST - ZIP ORLANDO, FL 32836

TITLE SD  
NAME TAPIA, KATHLEEN  
STREET ADDRESS 10825 WOODCHASE CIR.  
CITY - ST - ZIP ORLANDO, FL 32836

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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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)(f), 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: LOUIS MARCHESIANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/05 407-341-7244

Day

Daytime Phone