

2008-FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90017 017 ***158.75

DOCUMENT # P05000032682

1. Entity Name

S&L AIRCRAFT SALES, INC.



Principal Place of Business

1835 S. OCEAN BLVD.
UNIT A
DELRAY BEACH FL 33483

Mailing Address

1835 S. OCEAN BLVD.
UNIT A
DELRAY BEACH FL 33483



2. Principal Place of Business - No P.O. Box #

707 N. Flagler Dr.

3. Mailing Address

707 N. Flagler Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

W.P.B. FL

City & State

W.P.B. FL

4. FEI Number

20-2424642

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDSTEIN, MARK B
2700 N. MILITARY TRAIL
SUITE 130
BOCA RATON FL 33431

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D LLOYD, JOSHUA
STREET ADDRESS
1835 S. OCEAN BLVD. UNIT A
CITY-ST-ZIP
DELRAY BEACH FL 33483

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
D SHARPE, KAREN E
STREET ADDRESS
1835 S. OCEAN BLVD. UNIT A
CITY-ST-ZIP
DELRAY BEACH FL 33483

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
707 N. Flagler Dr.
W.P.B. FL 33401
☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joshua Lloyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08

561-5887091
Daytime Phone #