

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P05000092024

1. Entity Name
NORTH FLORIDA AVIATION SALES AND LEASING, INC.



Principal Place of Business
3740 KORI ROAD
JACKSONVILLE, FL 32257

Mailing Address
3740 KORI ROAD
JACKSONVILLE, FL 32257



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2521855

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GWENS, ROBERT C
3740 KORI RD
JACKSONVILLE, FL 32257

**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 renating) **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**

00000036030

04/08/08-80012-021 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME GREENE, BOB
STREET ADDRESS 3237 CLIPPER PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE DVS
NAME GIVENS, ROBERT C
STREET ADDRESS 3740 KORI RD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-08 **904-268-3971**
Date Daytime Phone #