

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90014 017 ***150.00

DOCUMENT # P93000062643 1. Entity Name PROFESSIONAL AIRCRAFT SALES CO.		 <div style="position: absolute; right: -50px; top: 50%; transform: translateY(-50%); font-size: 2em;">4</div>	
Principal Place of Business 1531 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168 1827 WRIGHT DRIVE PORT ORANGE, FL 32128		Mailing Address 1531 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168 1827 WRIGHT DRIVE PORT ORANGE, FL 32128	
2. Principal Place of Business 1827 WRIGHT DRIVE Suite, Apt. #, etc.		3. Mailing Address 1827 WRIGHT DRIVE Suite, Apt. #, etc.	
City & State PORT ORANGE, FL Zip 32128		City & State PORT ORANGE, FL Zip 32128	
Country U.S.A.		Country U.S.A.	
4. FEI Number 06-1033823		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent F & L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOOTE, RICHARD W 1531 AIRWAY CIRCLE NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: R.W. Foote <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/27/06 386-756-0179 <small>Date Daytime Phone #</small>	