

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 20 PM 2:38

DOCUMENT # P94000011319

1. Entity Name  
KSC AIRCRAFT SALES & LEASING, INC.



Principal Place of Business

865 NORTH S.R. 434  
SUITE 1000  
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address

865 NORTH SR 434  
SUITE 1000  
ALTAMONTE SPRINGS, FL 32714 US

**DO NOT WRITE IN THIS SPACE**



07132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3224743

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CHANA, KURT  
865 NORTH SR 434  
SUITE 1000  
ALTAMONTE SPRINGS, FL 32714

**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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | D                      |
| NAME           | CHANA, KURT            |
| STREET ADDRESS | 865 NORTH SR 434 #1000 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS, FL  |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

300109717183  
09/20/07--01058--021 \*\*150.00

**DO NOT WRITE  
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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/07 407-832-0679  
Date Daytime Phone #