

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000028288

1. Entity Name
NATIONAL AIRCRAFT FINANCE COMPANY



Principal Place of Business

3907 AERO PLACE
LAKELAND, FL 33811

Mailing Address

P.O. BOX 16828
TAMPA, FL 33687-6828



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3370485

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PUFFER, JOHN W III
5140 E FOWLER AVE
TAMPA, FL 33617

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOMASINO, PAUL
STREET ADDRESS	12301 N 52ND ST
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	T
NAME	MILLS, BRETT
STREET ADDRESS	15805 HAMPTON VILLAGE DR.
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	PORTER, CHARLES G
STREET ADDRESS	PO BOX 68
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	D
NAME	PUFFER, JOHN W III
STREET ADDRESS	3013 VILLA ROSA PARK
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	V
NAME	DIMELER, CHARLES
STREET ADDRESS	3907 AERO PLACE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000423884
02/18/06-80025-023 150.00

**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 like empowered.

SIGNATURE:

Paul Thomasino TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-06

813.349.4575

Date

Daytime Phone #