

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000016155

1. Entity Name

QUALITY AIRCRAFT SALES, INC.



Principal Place of Business

399 NW 2ND AVENUE
BOCA RATON, FL 33432

Mailing Address

399 NW 2ND AVENUE
BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0818323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

WHEELER, CHRISTOPHER C
2255 GLADES ROAD
SUITE 340W
BOCA RATON, FL 33431

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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
After May 1, 2007 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 SCHMIDT, RICHARD L
STREET ADDRESS 399 NW 2ND AVENUE
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE Vice President
NAME Judith A. Loglisci
STREET ADDRESS 399 NW Boca Raton Blvd
CITY-ST-ZIP Boca Raton, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000722193
05/02/07-80021-019 150.00

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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

Date

Daytime Phone #

4-16-07 (561)392-4717