## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1000000084

Entity Name: AVIATION SYSTEMS ENGINEERING COMPANY,

**INCORPORATED** 

**Current Principal Place of Business:** 

7255 GOLDEN WINGS RD UNIT 2 JACKSONVILLE, FL 32067

## **Current Mailing Address:**

21801 N SHANGRI-LA DRIVE #F LEXINGTON PARK, MD 20653

FEI Number: 30-0241421 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MARRINAN, MICHAEL 7255 GOLDEN WINGS RD UNIT 2 JACKSONVILLE, FL 32067 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 16, 2024

**Secretary of State** 

5354088082CC

## Officer/Director Detail:

Title	PRESIDENT, CHAIRMAN	Title	VP, DIRECTOR
Name	BELLEZZA, VINCENT A	Name	BENNETT, DAVID R
Address	8905 BRIDGETT LANE	Address	92 BULL PATH

City-State-Zip: LA PLATA MD 20646 City-State-Zip: EAST HAMPTON NY 11937

Title DIRECTOR, VP, COO Title VP, DIRECTOR, COO Name SPOHNHOLTZ, JAMES R Name MARRINAN, MICHAEL H Address 4133 ROBINSON ROAD Address 4855 VOGEL ROAD City-State-Zip: ST AUGUSTINE FL 32092 City-State-Zip: **HUNTINGTOWN MD 20639** 

Title DIRECTOR, CFO, VP Title DIRECTOR, VP

NameROTE, KRISTI RNameBARTHELME, BRYANAddress23220 GREENSTONE DRAddress43724 SWEETBAY STCity-State-Zip:LEONARDTOWN MD 20650City-State-Zip:CALIFORNIA MD 20619

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**CFO** 

SIGNATURE: KRISTI ROTE

Electronic Signature of Signing Officer/Director Detail

04/16/2024