

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90020 013 ***150.00

DOCUMENT # 278942

1. Entity Name

SOWELL AIRCRAFT SERVICE, INC.



Principal Place of Business

**1000 JACKSON WAY
PANAMA CITY FL 32405**

Mailing Address

**PO BOX 1490
PANAMA CITY FL 32402**

2. Principal Place of Business

3469 Airport Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Zip

Country

32405

Country

Bay

4. FEI Number

59-1033392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOWELL, J. DON
3045 W 30TH CT.
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name

Sowell, J. Donald

Street Address (P.O. Box Number is Not Acceptable)

501 Cherry Street

City

Panama City FL FL

Zip Code

32405

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DVST**
STREET ADDRESS **SOWELL, NADINE M**
CITY-ST-ZIP **501 CHERRY ST.
PANAMA CITY FL 32401**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DIANNE S. PRESTON**
CITY-ST-ZIP **5 ADAMS PARK CT
COLUMBUS GA**

TITLE ☐ Delete
NAME **DVST**
STREET ADDRESS **DEBORAH K. SOWELL**
CITY-ST-ZIP **437 MACARTHUR AVE
PANAMA CITY FL**

TITLE ☐ Delete
NAME **DPS**
STREET ADDRESS **SOWELL, J D**
CITY-ST-ZIP **3045 W. 30TH COURT
PANAMA CITY FL 32405**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **HENSEL, RONALD A**
CITY-ST-ZIP **1257 CAPRI DRIVE
PANAMA CITY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement 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

RONALD A. HENSEL 02/03/04
850-285-4325

Date

Day and Month