

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90015 035 ***158.75

DOCUMENT # F03000003077

1. Entity Name

LJH AVIATION MANAGEMENT SERVICES CORPORATION



Principal Place of Business

**2249 SOUTH TREADWAY BLVD.
ABILENE TX 79602**

Mailing Address

**204 WHISPERING HILLS
HOT SPRINGS AR 71901**

04037065

2. Principal Place of Business

7750 N. MacArthur Blvd

3. Mailing Address

7750 N. MacArthur Blvd

Suite, Apt. #, etc.

Suite 120 PMB 188

Suite, Apt. #, etc.

Suite 120 PMB 188

City & State

Irving TX

City & State

Irving TX

Zip

75063

Country

USA

Zip

75063

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

54-2108523

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AERO TECHNOLOGIES, LLC
2200 NW 84TH AVE.
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name **CT Corporation System**
Street **1200 South Pine Island Road**
City **Plantation** FL Zip Code **33324**

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

04/01/04

FILE NOW!!! FEE IS \$450.00

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	CD	<input type="checkbox"/> Delete
NAME	RIMMER, ROY T	
STREET ADDRESS	623 RADAR RD.	
CITY-ST-ZIP	GREENSBORO NC 27410	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARBER, LACY	
STREET ADDRESS	377 NEVA LANE	
CITY-ST-ZIP	DENISON TX 75020	
TITLE	P	<input type="checkbox"/> Delete
NAME	WOODY, HAROLD	
STREET ADDRESS	204 WHISPERING HILLS	
CITY-ST-ZIP	HOT SPRINGS AR 71901	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HARBER, DOROTHY	
STREET ADDRESS	377 NEVA LANE	
CITY-ST-ZIP	DENISON TX 75020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 #

04/01/04