

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000071035

1. Entity Name
NORTH PERRY AEROSPACE, INC.



Principal Place of Business
570, 574, 578, 582, 586 SOUTHWEST 77 WAY
PEMBROKE PINES, FL 33023

Mailing Address
3530 NE 23 AVE.
LIGHTHOUSE POINT, FL 33064

DO NOT WRITE IN THIS SPACE



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1061318	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COTTON, LOIS B
3530 NE 23 AVE
#2
LIGHTHOUSE POINT, FL 33064

**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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000887143
04/21/08-80008-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COTTON, LOIS B
STREET ADDRESS	3530 NE 23RD AVE.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064

TITLE	VP
NAME	CHRISTENSEN, DAN
STREET ADDRESS	1031 PINE BRANCH DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326

TITLE	TS
NAME	OWEN, LAWRENCE E
STREET ADDRESS	2210 LAUREL LANE
CITY-ST-ZIP	NORTH MIAMI, FL 33181

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lois B. Cotton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-08
Date Daytime Phone #