

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90071 007 \*\*\*150.00

**DOCUMENT # P31266**

1. Entity Name

AIR PARTS OF LOCK HAVEN, INC.



Principal Place of Business

HANGAR 3  
PIPER AIRPORT  
LOACK HAVEN PA 17745  
US

Mailing Address

PO BOX 2765  
VERO BEACH FL 32961  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2466682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRENT, SHARON  
30 N. GROVE ST.  
SUITE A  
MERRITT ISLAND FL 32952

Name

Sam Price, Jr.

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

1676 Stonecrop Street

City

Sebastian

FL

Zip Code  
32958

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)

Jan/22/2004

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	CPD	<input type="checkbox"/> Delete
NAME	PRICE JR, SAM	
STREET ADDRESS	1676 STONECROP ST.	
CITY-ST-ZIP	SABASTIAN FL 32958	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAY, RICHARD	
STREET ADDRESS	1104 WORTHINGTON ST.	
CITY-ST-ZIP	SPRINGFIELD MA 01109	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LARSEN, ROBERT	
STREET ADDRESS	445 W. CHURCH ST.	
CITY-ST-ZIP	LOCK HAVEN PA 17745	
TITLE	S	<input type="checkbox"/> Delete
NAME	LARSEN, CECILIA	
STREET ADDRESS	445 W. CHURCH ST.	
CITY-ST-ZIP	LOCK HAVEN PA 17745	
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
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
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 #

1-22-04 772-770-6350