

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90033 022 ***150.00

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1. Entity Name

BENDER AIRCRAFT PARTS, INC.



Principal Place of Business

190 PIPER BLVD
PORT ORANGE FL 32128-7091
US

Mailing Address

190 PIPER BLVD
PORT ORANGE FL 32128-7091
US

2. Principal Place of Business - No P.O. Box #

175 EL PINO DRIVE

Suite, Apt. #, etc.

3. Mailing Address

175 EL PINO DRIVE

Suite, Apt. #, etc.

City & State

NEW SMYRNA, FL

City & State

NEW SMYRNA, FL

4. FEI Number

65-0383359

Applied For

Not Applicable

Zip

32168-9078

Country

USA

Zip

32168-9078

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENDER, MARGARET J
1928 SPRUCE CREEK LANDING
DAYTONA BEACH FL 32128**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Margaret J. Bender

MARGARET J. BENDER

01/28/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when submitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 **CVD** ☐ Delete
NAME **BENDER, MARGARET J**
STREET ADDRESS **1928 SPRUCE CREEK LANDING**
CITY-ST-ZIP **DAYTONA BEACH FL 32128**

TITLE **STD** ☐ Delete
NAME **OLSON, LISA B**
STREET ADDRESS **6451 LONGLAKE DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE **P.** ☐ Delete
NAME **BENDER, MARK T**
STREET ADDRESS **175 EL PINO DR**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 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:

Lisa Olson

LISA OLSON

01/28/08

(386) 423-4546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #