

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90006 022 ***150.00

DOCUMENT # P98000098802

1. Entity Name

JOHN P. ALLEN AIRSPACE CONSULTANTS, INC.



Principal Place of Business

290 MARSH LAKES DRIVE
FERNANDINA BEACH FL 32034

Mailing Address

290 MARSH LAKES DRIVE
FERNANDINA BEACH FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3545857

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

LOWE, MARY C
290 MARSH LAKES DRIVE
FERNANDINA BEACH FL 32034

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input type="checkbox"/> Delete
NAME	ALLEN, ALEXANDRA G	
STREET ADDRESS	PO BOX 58	
CITY-ST-ZIP	FERNANDINA BEACH FL 32035	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOWE, MARY C	
STREET ADDRESS	290 MARSH LAKES DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOWE, CHRISTOPHER P	
STREET ADDRESS	290 MARSH LAKES DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Mary C. Lowe
Mary C. Lowe
President

4-6-04 (904) 291-6523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #