2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P98000098802 1. Entity Name JOHN P. ALLEN AIRSPACE CONSULTANTS, INC. Principal Place of Business Mailing Address 290 MARSH LAKES DRIVE 290 MARSH LAKES DRIVE FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3545857 Not Applican Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOWE, MARY C Street Address (P.O. Box Number is Not Acceptable) 290 MARSH LAKES DRIVE FERNANDINA BEACH FL 32034 City 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 reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TD ☐ Delete TITLE ☐ Change ☐ Additio ALLEN, ALEXANDRA G NAME STREET ADDRESS PO BOX 58 STREET ADDRESS U00000528242 05/05/06-80027-025 150.00 CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32035 PD TITLE ☐ Delete TITLE ☐ Change 🗀 Aាក់ដែ NAME LOWE, MARY C NAME STREET ADDRESS 290 MARSH LAKES DRIVE STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE Delete Change Change Addido TITLE NAME I QWE, CHRISTOPHER P NAME STREET ADDRESS STREET ADDRESS 290 MARSH LAKES DRIVE CITY-ST-7IP CITY-ST-7IP FERNANDINA BEACH FL 32034 ☐ Delete TITLE ☐ Change Achia. TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-ZIP Change Addition TITLE Deleie TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

4-21-06