

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P9E000098802

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-3545857

Applied For

Not Applicable

Zip

Country

Zip

Country

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 remitting fee)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME ALLEN, ALEXANDRA G
STREET ADDRESS PO BOX 58
CITY-ST-ZIP FERNANDINA BEACH FL 32035

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000924435
05/19/08-80001-011 150.00

TITLE ☐ Delete
NAME PD
STREET ADDRESS LOWE, MARY C
CITY-ST-ZIP 290 MARSH LAKES DRIVE
FERNANDINA BEACH FL 32034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS LOWE, CHRISTOPHER P
CITY-ST-ZIP 290 MARSH LAKES DRIVE
FERNANDINA BEACH FL 32034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Expiration

Mary C. Lowe Mary C. Lowe 4-23-08 (2004) 261-6523