

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000012671

**Entity Name:** ASTRO RESTORATION PROJECT, INCORPORATED

**Current Principal Place of Business:**

2509 TOUPS TRAIL  
TITUSVILLE, FL 32780

**Current Mailing Address:**

2509 TOUPS TRAIL  
TITUSVILLE, FL 32780

**FEI Number: 87-3347097**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SMITH, MAYNETTE E  
2536 CHRISTOPHER DRIVE  
TITUSVILLE, FL 32780 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name VANGEN, SCOTT  
Address 2509 TOUPS TRAIL  
City-State-Zip: TITUSVILLE FL 32780

Title VP  
Name BONDS, BYRON  
Address 12103 GREENLEAF DRIVE  
City-State-Zip: HUNTSVILLE AL 35803

Title OFF  
Name HADDAD, MICHAEL  
Address 4570 OCEAN BEACH BLVD. UNIT 11  
City-State-Zip: COCOA BEACH FL 32931

Title SEC  
Name SMITH, MAYNETTE  
Address 2536 CHRISTOPHER DRIVE  
City-State-Zip: TITUSVILLE FL 32780

Title TREA  
Name DELGADO, LUIS  
Address 3665 HICKORY PARK DRIVE  
City-State-Zip: TITUSVILLE FL 32780

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MAYNETTE E SMITH**

**SECRETARY**

**01/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date