


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 709281**  
 1. Entity Name  
 FLORIDA AGRICULTURAL AVIATION ASSOCIATION, INC.



Principal Place of Business  
 2720 SNEED ROAD  
 FORT PIERCE, FL 34945 US

Mailing Address  
 2720 SNEED RD  
 FORT PIERCE, FL 34945 US



01232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-1429837

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, CHARLES, JR.  
 2720 SNEED ROAD  
 FT. PIERCE, FL 34945

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000632343  
 02/21/07-80018-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STONE, CHARLES JR. 2720 SNEED ROAD FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALHOUN, RICK POB 730 BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNQUIST, LEE 1130 LAKESHORE BLVD LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSSERMAN, TERRY 3839 216TH ST LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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: Charles Stone 2/6/07 772 465 0714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #