

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761292

FILED
Apr 30, 2006
Secretary of State

Entity Name: R.C. BUSH PILOTS OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

400 QUADRANT ROAD
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

400 QUADRANT ROAD
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISE, TED
400 QUADRANT ROAD
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WISE, TED
Address: 400 QUADRANT ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VP () Delete
Name: SINCLAIR, STEVE
Address: 1055 VIA JARDIN
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: S () Delete
Name: FOSTER, HAROLD
Address: 120 GREENPOINT CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: T () Delete
Name: YONESCU, BILL
Address: 9882 SE OSPREY POINTE DR.
City-St-Zip: HOBE SOUND, FL 33455 US

Title: D () Delete
Name: RHOADS, GRANVILLE
Address: 309 CIRCLE W.
City-St-Zip: JUPITER, FL 33458 US

Title: D () Delete
Name: DICKERSON, ANDREW
Address: 6390 197TH PLACE N
City-St-Zip: JUPITER, FL 33450 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HAROLD FOSTER

S

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date