

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # G41763

1. Entity Name
HOVERCRAFT INDUSTRIES, INC., OF AMERICA



Principal Place of Business
**P.O. BOX 808
TITUSVILLE, FL 32781 US**

Mailing Address
**P.O. BOX 808
TITUSVILLE, FL 32781 US**

DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CR2EQ3

4. FEI Number
59-2311978

5. Certificate of Status Desired ☐

plied For
Applicable
Ronal
s

6. Name and Address of Current Registered Agent

**BARRETT, JOHN
3672 MUIRFIELD DRIVE
TITUSVILLE, FL 32780**

**DO NOT WRITE
IN THIS SPACE**

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 [] 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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BARRETT, JOHN
3672 MUIRFIELD DRIVE
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCCUSKER, WILLIAM
163 E. DAWN DR.
TEMPE, AZ**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000434
04/20/06-800

5 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 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 changed, or on an attachment with an address, with all other like empowered.

Information
director
Block 11 ff

SIGNATURE: John Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.3.2006
Date