



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 8:00 am
Secretary of State

02-23-2004 90053 025 ****61.25

DOCUMENT # N46444					
1. Entity Name EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED CHAPTER 977 Robert W. Hoffman					
Principal Place of Business RT 18 BOX 592 LAKE CITY FL 32025 US		Mailing Address RT 18 BOX 592 LAKE CITY FL 32025 US Robert W. Hoffman Cannon Creek A 315 S.W. Challenger Lake City, FL 32025			
2. Principal Place of Business Robert W. Hoffman Cannon Creek Airpark Suite, Apt. #, etc. 315 S.W. Challenger Ln. Lake City, FL 32025		3. Mailing Address Robert W. Hoffman Cannon Creek Airpark Suite, Apt. #, etc. 315 S.W. Challenger Ln. Lake City, FL 32025			
City & State		City & State		4. FEI Number 59-3141366 Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLLINS, VIRGINIA M 20 AIR PARK LANE RT 18 BOX 592 LAKE CITY FL 32025			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Robert W. Hoffman Cannon Creek Airpark 315 S.W. Challenger Ln. Lake City, FL 32025 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 <u><i>Robert W. Hoffman</i></u> ROBERT W. HOFFMAN DATE 4/17/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONAL OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLINS, V RT 18 BOX 592 LAKE CITY FL 32025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cannon Creek Airpark 315 S.W. Challenger Ln. Lake City, FL 32025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WIENCEK, PETER RT 18 BOX 18759 LAKE CITY FL 32025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONALD RILEY 183 SW BROTHERS LN. LAKE CITY, FL 32025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VASS, T J 12 HILLSIDE DR LAKE CITY FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRECIOCH, MICHAEL RT 18 BOX 592 284 SW AIRPARK GLN LAKE CITY FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Robert W. Hoffman</i></u>		ROBERT W. HOFFMAN		DATE 4/17/04 DAYTIME PHONE # 752-2916	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					