

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005241

1. Entity Name
 LOVE'S AIRPARK INC. EAA CHAPTER #1236



Principal Place of Business
 3841 SE 158TH CT.
 WEIRSDALE, FL 32195

Mailing Address
 3841 SE 158TH CT.
 WEIRSDALE, FL 32195



01162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3550988	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASHBURN, LORENE
 3841 SE 158TH CT.
 WEIRSDALE, FL 32195

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 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 reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

1100000186869

01/21/05-80074-026 8.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WASHBURN, LORENE 3841 SE 158TH CT. WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WASHBURN, OLLIE 3841 SE 158TH CT. WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT RULE, CLINT 17742 SE 158TH CT. WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/21/05-80074-027 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Lorene Washburn Lorene Washburn 1-17-05 750-5312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #