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# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 13, 2007 08:00 AM  
Secretary of State

DOCUMENT # N9800005241	
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
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01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3550986	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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, 2007**

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

U00000706853  
04/24/07-80053-001 70.00

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 WILLIAMS, HUGH 15928 SE 179TH LANE WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WILSON, PAUL 8460 SE 159TH COURT OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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: Florence L Washburn 1-4-07 (352) 750-5312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #