2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005
Secretary of State

DOCUMENT# N46444

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED CHAPTER 977

Current Principal Place of Business:

ROBERT W. HOFFMAN
315 S.W. CHALLENGER LN.
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

ROBERT W. HOFFMAN
315 S.W. CHALLENGER LN.
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 59-3141366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, ROBERT W
CANNON CREEK AIRPARK
315 S.W. CHALLENGER LN.
LAKE CITY, FL 32025 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:	PD	( ) Delete
Name:	HOFFMAN, ROBERT W	
Address:	315 S.W. CHALLENGER LN.	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	VD	( ) Delete
Name:	RILEY, DONALD	
Address:	133 S.W. BROTHERS LN.	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	TD	( ) Delete
Name:	VASS, T J	
Address:	12 HILLSIDE DR	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	SD	( ) Delete
Name:	KRECIOCH, MICHAEL	
Address:	286 SW AIRPARK GLN	
City-St-Zip:	LAKE CITY, FL 32025	

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:	SD	(X) Change ( ) Addition
Name:	HOFFMAN, DOREEN D	
Address:	315 SW CHALLENGER LN	
City-St-Zip:	LAKE CITY, FL 32025	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOREEN D. HOFFMAN SD 02/24/2005

Electronic Signature of Signing Officer or Director — Date