


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90167 029 \*\*\*\*70.00

**DOCUMENT # N95000000665**

1. Entity Name  
**THE 55TH STRAT RECON WING ASSOCIATION, INC.**



Principal Place of Business  
**6441 AVE DE GALVEZ  
 NAVARRE, FL 32566-8911 US**

Mailing Address  
**6441 AVE DE GALVEZ  
 NAVARRE, FL 32566-8911 US**

**40026300**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02282006 Chg-NP CR2E037 (11/05)

City & State  
 Zip Country

4. FEI Number  
**59-3303017**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**HOBERTMAN, ERROL  
 6441 AVE DE GALVEZ  
 NAVARRE, FL 32566**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOBERTMAN, ERROL 6441 AVENIDA DE GALVEZ NAVARRE, FL 32566 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVER, ROBB 13412 TREQARON CIR BELLEVUE, NE 68005 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, CHARLES E 151 CALHOUN AVENUE, UNIT 507 DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIZZO, SAMUEL 218 NOTTOWAY DRIVE MANDEVILLE, LA 70471 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNST, WILLIAM H 410 GREENBRIAR CT BELLEVUE, NE 68005 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, MAX R. 201 BASSWOOD COURT BELLEVUE, NE 68005 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>RICKY Mc MAHON</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>14325 ORLANDO RD</b> <b>WOKESVILLE, VA 20187 3007</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JAMES THOMAS</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4418 ANCHOR MILL</b> <b>BELLEVUE, NE</b> <b>68123-1168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Errol S Hobertman* **27 Mar 2006 8909395231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #