2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # N46444

1. Entity Name
EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED CHAPTER 977

Principal Place of Business	Mailing Address
ROBERT W. HOFFMAN 315 S.W. CHALLENGER LN. LAKE CITY, FL 32025 US	ROBERT W. HOFFMAN 315 S.W. CHALLENGER LN. LAKE CITY, FL 32025 US

03172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3141366
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOFFMAN, ROBERT W
CANNON CREEK AIRPARK
315 S.W. CHALLENGER LN.
LAKE CITY, FL 32025

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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, 2008

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

U00000871602
04/10/08-80003-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOFFMAN, ROBERT W
STREET ADDRESS	315 S.W. CHALLENGER LN.
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	VD
NAME	ST. DENIS, ROBERT
STREET ADDRESS	183 SW CAPTAINS GLEN
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	TD
NAME	HOFFMAN, DOREN
STREET ADDRESS	315 SW CHALLENGER LANE
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	SD
NAME	WHITE, GRAHAM
STREET ADDRESS	441 SW LOCKHEED LANE
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: RW Hoffman Robert W. Hoffman 3/20/08 386-365-4662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #