

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 578804**

1. Entity Name

94TH AERO SQUADRON OF W. PALM BEACH, INC. #82



Principal Place of Business

8191 E. KAISER BLVD  
ANAHEIM, CA 92808-2214

Mailing Address

8191 E. KAISER BLVD  
ANAHEIM, CA 92808-2214

**DO NOT WRITE IN THIS SPACE**



07062006

No Chg-P

CR2E034 (11/05)

4. FEI Number

95-3309772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000578445  
09/07/06-2006-001 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DV  
NAME TALLICHET, CECILIA  
STREET ADDRESS 8191 E. KAISER BLVD  
CITY-ST-ZIP ANAHEIM, CA 928082214

TITLE AT  
NAME ROYSE, BOB D.  
STREET ADDRESS 8191 E. KAISER BLVD  
CITY-ST-ZIP ANAHEIM, CA 928082214

TITLE ST  
NAME TALLICHET, CECILIA  
STREET ADDRESS 8191 E. KAISER BLVD  
CITY-ST-ZIP ANAHEIM, CA 928082214

TITLE PD  
NAME TALLICHET, JOHN D  
STREET ADDRESS 8191 E. KAISER BLVD  
CITY-ST-ZIP ANAHEIM, CA 928082214

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 607, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/06 714-279-6100  
Date Daytime Phone #