


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 701296		
1. Entity Name PROPELLER CLUB INC		
Principal Place of Business 620 S. MERIDIAN STREET ROOM 235 TALLAHASSEE, FL 32399-1600	Mailing Address P.O. BOX 3112 TALLAHASSEE, FL 32315	



01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6140262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KIDD, CLIFFORD S 620 S. MERIDIAN STREET ROOM 235 TALLAHASSEE, FL 32399-1600

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) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ELLINGSEN, DONALD N. 620 S. MERIDIAN STREET TALLAHASSEE, FL 323991600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KIDD, CLIFFORD S 620 S. MERIDIAN STREET TALLAHASSEE, FL 323991600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHELPER, L.W. 620 S. MERIDIAN STREET TALLAHASSEE, FL 323991600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>00000340411 04/28/05-80114-023 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CLIFFORD S KIDD CLIFFORD S. KIDD 4/19/05 850/488-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #