
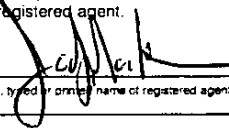
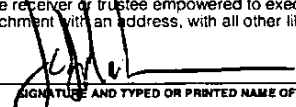


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90058 026 ****61.25

| | | | | | |
|---|---|---|---|---|---|
| DOCUMENT # 706942 1. Entity Name EXPERIMENTAL AIRCRAFT ASSOCIATION, INC. CHAPTER 47 | | | |  | |
| Principal Place of Business 341 8TH AVE SE HANGER # 3 UNIT A ST. PETERSBURG, FL 33701 US | | | Mailing Address KEITH KEWLER 2835-10TH ST. N. SAINT PETERSBURG, FL 33704 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 4320 29th AVE N Suite, Apt. #, etc. | | | |
| City & State SAINT PETERSBURG FL | | City & State SAINT PETERSBURG FL | | 4. FEI Number 59-3165331 | |
| Zip 33713 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NGUES, EUGENE M 7534 35TH AVE N SAINT PETERSBURG, FL 33710 | | | | 7. Name and Address of New Registered Agent Name MACKERCHER, JODY M Street Address (P.O. Box Number is Not Acceptable) 4320 29th AVE N City SAINT PETERSBURG FL Zip Code 33713 | |
| 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  | | Jody Mackercher, Secretary | | 02/18/2005 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 | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COCKER, DON 9170 ROBIN ROAD LARGO, FL 33777 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T/D MACKERCHER, JODY 4320 29 th AVE N SAINT PETERSBURG FL 33713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KEWLEY, KEITH 2835-10TH ST. NORTH SAINT PETERSBURG, FL 33704 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D ADAMS, ROBERT 6298 109 th AVE N PINELLAS PARK, FL 33782 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PLEASANTE, WALTER C 543 72ND AVE SAINT PETERSBURG, FL 337063612 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | Jody Mackercher, Secretary | | 02/18/2005 Date | |