2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT·#*709357

1. Entity Name

EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.
CHAPTER 74

50012069

1st MOORE   CR2E037 (10/04)

Principal Place of Business	Mailing Address
P. O. BOX 140571 ORLANDO FL 32814 US	P. O. BOX 140571 ORLANDO FL 32814 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number 59-1918173 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAYDEN, BOB 4512 BRIDGEWATER DR ORLANDO FL 32817	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

FILE NOW: FEE IS $61.25 Due By May 1, 2005

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: D NAME: MCLENDON, DON STREET ADDRESS: 14522 GREYDALE CIRCLE CITY-ST-ZIP: ORLANDO FL 32826		☒ Delete	TITLE: P NAME: BALL, GLENN STREET ADDRESS: 1879 WINDMILL DR. CITY-ST-ZIP: ORLANDO, FL. 32818		☒ Change	☒ Addition
TITLE: D NAME: MCINTIRE, DAVE STREET ADDRESS: 5114 MORTIER AVE CITY-ST-ZIP: ORLANDO FL 32812		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE: S NAME: SCHERF, MEL STREET ADDRESS: 5510 BONITA ROAD CITY-ST-ZIP: ORLANDO FL 32822		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE: D NAME: HAYDEN, BOB STREET ADDRESS: 4512 BRIDGEWATER DR CITY-ST-ZIP: ORLANDO FL 32817		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE: T NAME: CORBITT, JAMES C. JR. STREET ADDRESS: 8500 JONES AVE. CITY-ST-ZIP: ZELLWOOD FL 32798		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE: D NAME: LUTZ, JERRY STREET ADDRESS: 747 FRIAR ROAD CITY-ST-ZIP: WINTER PARK FL 32792		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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: _James C. Corbitt_ D. JAMES C. CORBITT, JR. 2-1-05   407/880-2665

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