


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90206 013 \*\*\*\*61.25

<b>DOCUMENT # 710883</b>	
1. Entity Name <b>FLORIDA SPORT AVIATION ANTIQUE &amp; CLASSIC ASSOCIATION, INC.</b>	

Principal Place of Business <b>P.O. BOX 6931 LAKELAND, FL 33807</b>	Mailing Address <b>P.O. BOX 6931 LAKELAND, FL 33807</b>
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2. Principal Place of Business <b>4325 Birdsong Blvd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>4325 Birdsong Blvd.</b> Suite, Apt. #, etc.
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04122006 Chg-NP CR2E037 (11/05)

City & State <b>Lutz, FL</b>	City & State <b>Lutz, FL</b>
Zip <b>33549</b>	Country <b>USA</b>

4. FEI Number <b>59-2867783</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MAGGART, KENNETH 4325 BIRDSONG BLVD LUTZ, FL 33559</b>	
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7. Name and Address of New Registered Agent	
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 reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P QUINLAN, MIKE 14460 SE 98TH CT SUMMERFIELD, FL 34491</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Knouse, Steven P.O. Box 3096 Bellview, FL 34421</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SIDES, VERNELLE 5311 N RIDGEWAY DR ORLANDO, FL 32819</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Jon Baker 910 Albritton Way Lake Wales, FL 33859-5140</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KNOUSE, STEVEN P.O. BOX 3096 BELLEVIEW, FL 34421</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MAGGART, KENNETH 4325 BIRDSONG BLVD LUTZ, FL 33559</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DECKER, SHELLY 357 NE WILLOW RUN WAY PINETTA, FL 32350</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STALLARD, NORMAN 3506 JOHIO SHORES DR OCOEE, FL 347618607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4-24-06**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #