

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752999

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, CHAPTER 133, INC.

**Current Principal Place of Business:**

3000 S. OCEAN BLVD.  
APT. # 103  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

3000 S. OCEAN BLVD.  
APT. # 103  
BOCA RATON, FL 33432 US

**New Mailing Address:**

FEI Number: 59-2311668      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KUSS, CHARLES P  
3000 S. OCEAN BLVD.  
103  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DOHM, PETER  
Address: 55 SW 2ND AVE. APT. # 208  
City-St-Zip: BOCA RATON, FL 33432 US

Title: SD ( ) Delete  
Name: LAURENCE, PETER  
Address: 4301 ADAMS AVE.  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ED ( ) Delete  
Name: SCROGGINS, JAMES  
Address: 6245 FLAGLER ST  
City-St-Zip: HOLLYWOOD, FL 33023

Title: TD ( ) Delete  
Name: KUSS, CHARLES P  
Address: 3000 S OCEAN BLVD #103  
City-St-Zip: BOCA RATON, FL 33432

Title: VPD ( ) Delete  
Name: SCROGGINS, JAMES  
Address: 6245 FLAGLER ST.  
City-St-Zip: HOLLYWOOD, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES P KUSS

TD

01/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date