

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 855276

1. Entity Name
GULFSTREAM AEROSPACE CORPORATION OF TEXAS



Principal Place of Business
**1500 C PERIMETER RD
WEST PALM BEACH, FL 33406**

Mailing Address
**P.O. BOX 2206
SAVANNAH, GA 31402**



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1354653

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000513894
04/29/06-80148-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOSS, BRYAN T
STREET ADDRESS	500 GULFSTREAM ROAD
CITY-ST-ZIP	SAVANNAH, GA 31402
TITLE	S
NAME	BERMAN, IRA P
STREET ADDRESS	500 GULFSTREAM ROAD
CITY-ST-ZIP	SAVANNAH, GA 31408
TITLE	SVPF
NAME	CLARE, DANIEL G
STREET ADDRESS	500 GULFSTREAM ROAD
CITY-ST-ZIP	SAVANNAH, GA 31407
TITLE	T
NAME	FOGG, DAVID H
STREET ADDRESS	3190 FAIRVIEW PARK DRIVE
CITY-ST-ZIP	FALLS CHURCH, VA 22042
TITLE	AS
NAME	HOUSE, MARGARET N
STREET ADDRESS	3190 FAIRVIEW PARK DRIVE
CITY-ST-ZIP	FALLS CHURCH, VA 22042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: Ira P. Berman Secretary 4/15/06 (912) 965-5201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #