


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000000758
 1. Entity Name
 COMMEMORATIVE AIR FORCE, INC.



Principal Place of Business PO BOX 62000 MIDLAND, TX 79711-2000	Mailing Address PO BOX 62000 MIDLAND, TX 79711-2000
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 74-1484491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RUSSELL, RICHARD D
 1797 MITCHELL CT.
 DAYTONA BEACH, FL 32124

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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

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RICE, ROBERT R 3108 GULF MIDLAND, TX 79701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HOUDYSHELL, FLOYD S 3903 NORTHFIELD CT MIDLAND, TX 79707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARBER, STEVE 1185 CORTE RIVERA CAMARILLO, CA 93010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COWAN, JOE 1732 NORTH WEST ST. WICHITA, KS 67203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/20/04-80079-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Floyd S. Houdysell 1/13/04 432 563-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone