2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F97000000758

1. Entity Name
COMMEMORATIVE AIR FORCE, INC.

Principal Place of Business	Mailing Address
PO BOX 62000 MIDLAND, TX 79711-2000	PO BOX 62000 MIDLAND, TX 79711-2000

DO NOT WRITE IN THIS SPACE

01252005   No Chg-NP   CR2E037 (10/03)

4. FEI Number 74-1484491	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$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, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

U00000208548
02/01/05-80051-008 61.25

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

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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)(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: *Floyd S. Houdyshell* Floyd S. Houdyshell Sec./Treasurer 1/25/05 (432) 563-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #