

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 FEB -9 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G51248	
1. Entity Name BOCA AIRCRAFT OWNERS, INC.	



Principal Place of Business 3980 AIRPORT ROAD BOX #10 BOCA RATON, FL 33421	Mailing Address 3980 AIRPORT ROAD BOX #10 BOCA RATON, FL 33421
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2. Principal Place of Business 3980 AIRPORT RD		3. Mailing Address BOCA AIRCRAFT OWNERS INC	
Suite, Apt. #, etc. Box 10		Suite, Apt. #, etc. BOX #10	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33431	Country USA	Zip 33431	Country USA



01272006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2005207	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUSSON, RUDOLPH L. 7020 NW 2ND TERRACE BOCA RATON, FL 33487	
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7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOVE, LEISA 7248 BRUNSWICK CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600066127946 02/17/06--01014--012 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITTLE, HARRY 1239 N W 16TH STREET BOCA RATON, FL 33486 <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	VPT CUSSON, RUDOLPH 7020 NW 2ND TERRACE BOCA RATON, FL 33487 <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	D RILEY, DONALD RR 18 BOX 603 LAKE CITY, FL 32025 <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	D PANOCK, ANDREA 4868 N CITATION DR DELRAY BEACH, FL 33445 <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	<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 supplement 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: Rudolph L. Cusson **RUDOLPH L. CUSSON** 2/4/06 561-995-9633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T. Roberts ECU 3/10