

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G51248**

1. Entity Name

BOCA AIRCRAFT OWNERS, INC.



Principal Place of Business  
3980 AIRPORT ROAD  
BOX #10  
BOCA RATON FL 33431

Mailing Address  
3980 AIRPORT ROAD  
BOX #10  
BOCA RATON FL 33431



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2005207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUSSON, RUDOLPH L  
7020 NW 2ND TERRACE  
BOCA RATON FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: S ☐ Delete  
NAME: DOVE, LEISA  
STREET ADDRESS: 7248 BRUNSWICK CIRCLE  
CITY-STATE-ZIP: BOYNTON BEACH FL 33437

TITLE: PD ☐ Delete  
NAME: WHITTLE, HARRY  
STREET ADDRESS: 1239 N W 16TH STREET  
CITY-STATE-ZIP: BOCA RATON FL 33486

TITLE: VPT ☐ Delete  
NAME: CUSSON, RUDOLPH  
STREET ADDRESS: 7020 NW 2ND TERRACE  
CITY-STATE-ZIP: BOCA RATON FL 33487

TITLE: D ☐ Delete  
NAME: RILEY, DONALD  
STREET ADDRESS: RR 18 BOX 603  
CITY-STATE-ZIP: LAKE CITY FL 32025

TITLE: D ☐ Delete  
NAME: PANOCK, ANDREA  
STREET ADDRESS: 4868 N CITATION DR  
CITY-STATE-ZIP: DELRAY BEACH FL 33445

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: 000000620619  
STREET ADDRESS: 02/09/07-80043-015 150.00  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Feb 1 '07 - 561-995-9633