2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N00000002887

Entity Name: CENTRAL FLORIDA AIR AND POWER BOAT ASSOCIATION, INC.

Current Principal Place of Business:

14040 HATCHINEHA RD.
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

1420 HORSESHOE CREEK RD
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 37-1471242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLASS, CHARLES
1420 HORSESHOE CREEK RD.
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	TORGERSEN, TIM	
Address:	PO BOX 1035	
City-St-Zip:	DAVENPORT, FL 33836	
Title:	D	( ) Delete
Name:	GLASS, CHARLES	
Address:	1420 HORSESHOE CREEK RD.	
City-St-Zip:	DAVENPORT, FL 33837	
Title:	S	( ) Delete
Name:	HEBEL, RICHARD	
Address:	3910 E COUNTY R #544	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	D	( ) Delete
Name:	SUMMERLIN, FRED	
Address:	PO BOX 1 EAST MAPLE	
City-St-Zip:	DAVENPORT, FL 33837	
Title:	TD	( ) Delete
Name:	NORTON, HARRY	
Address:	7801 HATCHINEHA RD.	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	P	( ) Delete
Name:	SUMMERLIN, CHARLES B	
Address:	POST OFFICE BOX 155	
City-St-Zip:	DAVENPORT, FL 33836	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES B SUMMERLIN PRES 04/29/2005

Electronic Signature of Signing Officer or Director — Date