2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000006313 1. Entity Name BLUE HERON PILOT CLUB, INC.



FILED

May 01, 2006 8:00 am Secretary of State

05-01-2006 90436 005 ****61.25

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Principal Place of Business POST OFFICE BOX 484 BUSHNELL, FL 33513-0029			Mailing Address POST OFFICE BOX 484 BUSHNELL, FL 33513-0029					SAUTEDUM							
2. Principal Place of Business		I Place of Business 3. M.			Mailing Address										
Suite, Apt. #, etc.			1												
Suite, Apt.	#, etc.		Sui	te, Apt. #, etc.			i	01102006	Chg	-NP	CR2E	037 (11/	05)		
City & State			City & State					4. FEI Numb		!				Applicable	
Zip	Country		Zip	Zip C		untry		5. Certificate	e of Stat	us Desired		\$8.75 Fee Re			
	6. Name	and Address of Current	Registere	d Agent				7. Name an	d Addre	ss of New I	Registered	i Agent			
CI DCD 14	2005 64	NDOA				Name									
ELDER MO 11795 SOL WEBSTER	JTHWES'	T 60TH STREET				Street A	ddress (F	P.O. Box Numb	ber is No	ot Acceptabl	le)				
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						City					F	L Zip	Code	i	
	named entit ions of regis	y submits this statement fo tered agent.	or the purpo	ose of changing its	registere	ed office or	registere	ed agent, or b	oth, in th	e State of F	lorida. I ar	n familiar	with, a	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	and little if app	licable. (NOTI	E: Registere	d Agent signati	ure required	when reinstating)			DATE				
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Filing Fee is \$61.25 Due by May 1, 2006						9. Election Campaign Financing Trust Fund Contribution.									
	_					_		\$5.00 May Added to Fee			Make che rida Dep				
10.	_		RECTORS			_	Ш		s	Flo	rida Dep	artment	of Sta	ate	
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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 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: