


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N31020 1. Entity Name CHAPTER 288 OF THE EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED	
---	---

Principal Place of Business 4332 BEACONLIGHT RD. EDGEWATER, FL 32141 US	Mailing Address 4332 BEACONLIGHT RD. EDGEWATER, FL 32141 US
---	---



01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4233180	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent JOHNSON, JACKIE B 4332 BEACON LIGHT RD. EDGEWATER, FL 32141
--

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO JOHNSON, JACKIE B 4332 BEACONLIGHT RD. EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIPS, KEITH 2641 SLOW FLIGHT DR DAYTONA BEACH, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURNSIDE, JAN 1823 LINDBERGH LANE PORT ORANGE, FL 32123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEONE, GEORGE 2045 COUNTRYCLUB DRIVE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000406365
02/07/06-60106-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Jackie B. Johnson **JACKIE B. JOHNSON** 1-25-06 386-348-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #