


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90109 017 \*\*\*\*61.25

<b>DOCUMENT # N94000001644</b>	
1. Entity Name LITE BLUE ANGELS, EAA UL CHAPTER 105, INC.	

Principal Place of Business 6001 WEST 9 MILE ROAD PENSACOLA, FL 32526	Mailing Address 10671 WILLOW LAKE DR PENSACOLA, FL 32506
---	--

00028934

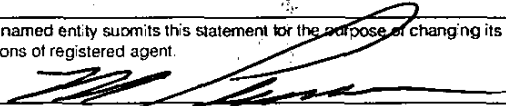


**DO NOT WRITE IN THIS SPACE**

02192005 No Chg-NP CR2E037 (10/03)

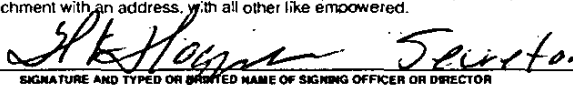
4. FEI Number 59-3320126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
GARNHAM, IAN R 10671 WILLOW LAKE DRIVE PENSACOLA, FL 32506	Cannon, Mike 2637 San Clemente Dr Milton, FL 32583
<b>DO NOT WRITE IN THIS SPACE</b>	

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 	DATE 3/5/05
<small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	

Filing Fee is \$61.25 Due by May 1, 2005	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	D ACKERMAN, JOE 204 RENTZ AVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CANNON, MIKE 2637 SAN CLEMENTE DR MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAGNER, W.K. 5035 CHALLENGER WAY PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, JIM 4700 COCHISE ST PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARNHAM, IAN 10671 WILLOW LAKE DRIVE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>DO NOT WRITE IN THIS SPACE</b>	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	DATE 3/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
850-492-7998	