

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90014 029 \*\*\*\*61.25

<b>DOCUMENT # N95000000665</b> 1. Entity Name <b>THE 55TH STRAT RECON WING ASSOCIATION, INC.</b>					
Principal Place of Business <b>6441 AVE DE GALVEZ NAVARRE, FL 32566-8911 US</b>			Mailing Address <b>6441 AVE DE GALVEZ NAVARRE, FL 32566-8911 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3303017</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HOBERMAN, ERROL 6441 AVE DE GALVEZ NAVARRE, FL 32566</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOBERMAN, ERROL		NAME		
STREET ADDRESS	6441 AVENIDA DE GALVEZ		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOVER, ROBB		NAME		
STREET ADDRESS	13412 TREQARON CIR		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, NE 68005		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATERS, CHARLES E		NAME		
STREET ADDRESS	151 CALHOUN AVENUE, UNIT 507		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIZZO, SAMUEL		NAME	PRESIDENT WILLIAM	
STREET ADDRESS	218 NOTTOWAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MANDEVILLE, LA 70471		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITE BENJAMIN L.		NAME	PRESIDENT WILLIAM H. ERNST	
STREET ADDRESS	BOX 2406 OCAN SANDS		STREET ADDRESS	410 GREENBRIAR CT	
CITY-ST-ZIP	COROLLA, NC		CITY-ST-ZIP	BELLEVUE, NE 68005	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, MAX R.		NAME		
STREET ADDRESS	201 BASSWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, NE 68005		CITY-ST-ZIP		
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 <i>Errol S Hoberman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>Jan 04</i> Daytime Phone # <i>850 939 5231</i>		