


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000004866</b>		
1. Entity Name R. A. AIRPORT, INC.		
Principal Place of Business 19840 NW 94TH DRIVE OKEECHOBEE, FL 34972	Mailing Address 19840 NW 94TH DRIVE OKEECHOBEE, FL 34972	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HALL, PEGGY J 19815 NW 80TH DR OKEECHOBEE, FL 34972		<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, GEORGE 19535 NW 80TH DRIVE OKEECHOBEE, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HALL, PEGGY 19815 N.W. 80TH DR OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HALL, ROBERT J 19815 NW 80TH DRIVE OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUSSELL, JAN 19840 NW 80TH DR OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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>Peggy Hall</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>1/09/04</i> Daytime Phone #: <i>863-763-6715</i>



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0649764	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000002933  
01/13/04-80034-018 61.25