

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90030 011 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                                                  |                                                                                                                                                                    |                                                                                                                                 |                                                                                         |
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| <b>DOCUMENT # N97000002355</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                                  |                                                                                                                                                                    |                                                                                                                                 |                                                                                         |
| <b>1. Entity Name</b><br>EAA CHAPTER 1181 INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                                  |                                                                                                                                                                    |                                                                                                                                 |                                                                                         |
| <b>Principal Place of Business</b><br>40411 JERRY RD<br>ZEPHYRHILLS, FL 33540 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                                  | <b>Mailing Address</b><br>P.O. BOX 1975<br>ZEPHYRHILLS, FL 33539 US                                                                                                |                                                                                                                                 |                                                                                         |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                                                  | <b>3. Mailing Address</b>                                                                                                                                          |                                                                                                                                 |                                                                                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                                  | Suite, Apt. #, etc.                                                                                                                                                |                                                                                                                                 |                                                                                         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                                  | City & State                                                                                                                                                       |                                                                                                                                 |                                                                                         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | Country                                                                                          |                                                                                                                                                                    | Zip                                                                                                                             |                                                                                         |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    | Country                                                                                          |                                                                                                                                                                    | 01182006 Chg-NP CR2E037 (11/05)                                                                                                 |                                                                                         |
| <b>4. FEI Number</b><br>59-3448953                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                                                  |                                                                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                          |                                                                                         |
| <b>5. Certificate of Status Desired</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                                  |                                                                                                                                                                    | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                       |                                                                                         |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                                                  | <b>7. Name and Address of New Registered Agent</b>                                                                                                                 |                                                                                                                                 |                                                                                         |
| WAGNER, CHARLES A III<br>40411 JERRY RD<br>ZEPHYRHILLS, FL 33540                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                                  | Name <u>Chuck Wagner</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>40411 Jerry Rd</u><br>City <u>Zephyrhills</u> <u>FL</u> Zip Code <u>33540</u> |                                                                                                                                 |                                                                                         |
| <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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                  |                                                                                                                                                                    |                                                                                                                                 |                                                                                         |
| SIGNATURE <u>Charles A. Wagner III</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    | <u>Chuck Wagner</u><br><small>(NOTE: Registered Agent signature required when relisting)</small> |                                                                                                                                                                    | <u>4/4/06</u><br><small>DATE</small>                                                                                            |                                                                                         |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/>       |                                                                                                                                                                    | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                    |                                                                                         |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                                                  |                                                                                                                                                                    |                                                                                                                                 |                                                                                         |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                       |                                                                                                                                 |                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PD<br>WAGNER, CHARLES<br>40411 JERRY RD<br>ZEPHYRHILLS, FL 33540   | <input type="checkbox"/> Delete                                                                  |                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VPD<br>STALLWORTH, ERIC<br>12420 OAK ST<br>SAN ANTONIO, FL 33576   | <input type="checkbox"/> Delete                                                                  |                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TD<br>LARK, SUSAN<br>9212 SUNFLOWER DR<br>TAMPA, FL 33647          | <input checked="" type="checkbox"/> Delete                                                       |                                                                                                                                                                    | TITLE <u>TD</u><br>NAME <u>Scott Murphy</u><br>STREET ADDRESS <u>1138 Sierra Anes Blvd</u><br>CITY-ST-ZIP <u>Lutz, FL 33558</u> | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SD<br>WAGNER, JUDITH<br>40411 JERRY RD<br>ZEPHYRHILLS, FL 33540    | <input type="checkbox"/> Delete                                                                  |                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D<br>OPAROWSKI, WILLIAM<br>P. O. BOX 1975<br>ZEPHYRHILLS, FL 33539 | <input type="checkbox"/> Delete                                                                  |                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | <input type="checkbox"/> Delete                                                                  |                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| <b>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.</b> |                                                                    |                                                                                                  |                                                                                                                                                                    |                                                                                                                                 |                                                                                         |
| SIGNATURE <u>Charles A. Wagner III</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    | <u>CHARLES A. WAGNER III</u>                                                                     |                                                                                                                                                                    | <u>4/4/06</u><br><small>Date</small>                                                                                            |                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                                                  |                                                                                                                                                                    | <small>Daytime Phone #</small>                                                                                                  |                                                                                         |