

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000168475

FILED  
May 05, 2008  
Secretary of State

Entity Name: BLACK KNIGHTS CLUB, INC.

**Current Principal Place of Business:**

1150 LOUISIANA AVE  
STE 5C  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1150 LOUISIANA AVE  
STE 5C  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BLAND, G. THOMAS JR  
4450 NEW BROAD ST  
ORLANDO, FL 32814    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      CPD                      ( ) Delete  
Name:                      BLAND, G. THOMAS JR  
Address:                      4450 NEW BROAD ST  
City-St-Zip:                      ORLANDO, FL 32814

Title:                      CEO                      ( ) Delete  
Name:                      BLAND, G. THOMAS JR  
Address:                      4450 NEW BROAD ST  
City-St-Zip:                      ORLANDO, FL 32814

Title:                      STD                      ( ) Delete  
Name:                      BLAND, NANCY R  
Address:                      4450 NEW BROAD ST  
City-St-Zip:                      ORLANDO, FL 32814

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. THOMAS BLAND, JR.

CEO

05/05/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date