2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90538 013 ***150.00

DOCUMENT # P96000083150

1. Entity Name
GOOD KNIGHT RECOVERY, INC.

Principal Place of Business	Mailing Address
~~1691 CYPRESS AVENUE~~	~~1691 CYPRESS AVENUE~~
~~MELBOURNE, FL 32935~~	~~MELBOURNE, FL 32935~~

03292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
875 S. Wickham Rd	875 S. Wickham RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Melbourne FL	City & State: West Melbourne FL
Zip 32904 Country Brevard	Zip 32904 Country Brevard

4. FEI Number 59-3406438 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LLOYD, JAMES M
1691 CYPRESS AVENUE
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name: James M. Lloyd
Street Address (P.O. Box Number is Not Acceptable): 875 S. Wickham Rd
City: W. Melbourne FL Zip Code: 32904

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: James M Lloyd 4-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LLOYD, JAMES M 907 NELSON DR MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 875 S WICKHAM RD. W. MELBOURNE, FL. 32904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS RAMSEY, RICHARD L 2742 ENGLEWOOD DR MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 607, 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: James M Lloyd 4-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #