

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 008266

FILED
Apr 05, 2006
Secretary of State

Entity Name: FLAGLER COUNTY ABSTRACT COMPANY

Current Principal Place of Business:

P O BOX 398
305 E. MOODY BLVD.
BUNNELL, FL 321100398

New Principal Place of Business:

Current Mailing Address:

P O BOX 398
305 E. MOODY BLVD.
BUNNELL, FL 321100398

New Mailing Address:

FEI Number: 59-0244180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKNIGHT, III JESSE H.
1532 S. FLAGLER
FLAGLER BEACH, FL 32136 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: MCKNIGHT, GENETTE K,
Address: 1532 S. FLAGLER AVE
City-St-Zip: FLAGLER BCH, FL 32136

Title: PD () Delete
Name: MCKNIGHT, JESSE H II, I
Address: 1532 S. FLAGLER
City-St-Zip: FLAGLER BCH, FL

Title: D () Delete
Name: MCKNIGHT, VANESSA
Address: 1532 S. FLAGLER
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: MCKNIGHT, ISADORA
Address: 1532 S. FLAGLER
City-St-Zip: FLAGLER BEACH, FL 32136

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JESSE H. MCKNIGHT III

PRES

04/05/2006

Electronic Signature of Signing Officer or Director

Date