2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90092 044 ***150.00

DOCUMENT # J43586
1. Entity Name
KNIGHT AVIATION INCORPORATED

Principal Place of Business	Mailing Address
3701 AIRFIELD DR W. P.O. BOX 6960 (No P.O. Box) LAKELAND, FL 33811-1244 US	3701 AIRFIELD DR W LAKELAND, FL 33811-1244 US

2. Principal Place of Business		3. Mailing Address	
3701 Airfield Dr. W.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lakeland, FL		City & State	
Zip: 33811-1244	Country	Zip	Country

01122006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-2762569 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNIGHT, ROBERT C. 148 CHRISTINA BLVD E LAKELAND, FL 33813	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
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, 2006 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	DT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KNIGHT, ROBERT C.		NAME	
STREET ADDRESS	148 CHRISTINA BLVD E		STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP	
TITLE	PVS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KNIGHT, ROBERT C.		NAME	
STREET ADDRESS	148 CHRISTINA BLVD E		STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 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: Robert C. Knight (signature) Robert C. Knight 2-15-06 863-646-2997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #