

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004310

**FILED**  
**Feb 17, 2004**  
**Secretary of State****Entity Name:** FLYING KNIGHTS OF WILLISTON, INC**Current Principal Place of Business:**851 SE 148 TERR.  
WILLISTON, FL 32696**New Principal Place of Business:**18150 NE 35TH. STREET  
WILLISTON, FL 32696 US**Current Mailing Address:**851 SE 148 TERR.  
WILLISTON, FL 32696**New Mailing Address:**18150 NE 35TH STREET  
WILLISTON, FL 32696 US**FEI Number:** 20-0739161**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HINTON, RICHARD  
851 SE 148 TERR.  
WILLISTON, FL 32696 US**Name and Address of New Registered Agent:**COX, HARVEY J TREASUR  
18150 NE 35TH STREET  
WILLISTON, FL 32696 US

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: HARVEY COX

02/17/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DARRIN, CAVALLETTI W  
Address: PO BOX 393  
City-St-Zip: WILLISTON, FL 32696

Title: VP ( ) Delete  
Name: RICHARD, HINTON  
Address: 851 SE 148 TERR.  
City-St-Zip: WILLISTON, FL 32696

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P (X) Change ( ) Addition  
Name: DARRIN, CAVALLETTI W  
Address: PO BOX 393  
City-St-Zip: WILLISTON, FL 32696 US

Title: VP (X) Change ( ) Addition  
Name: RITCHIE, JON  
Address: 395 NE STATE RD. 121  
City-St-Zip: WILLISTON, FL 32696 US

Title: SEC ( ) Change (X) Addition  
Name: MATCHKIE, ROBERT  
Address: 12150 NE 54 LN  
City-St-Zip: WILLISTON, FL 32696 US

Title: TRE ( ) Change (X) Addition  
Name: COX, HARVEY  
Address: 18150 NE 35 STREET  
City-St-Zip: WILLISTON, FL 32696 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY COX

TRE

02/17/2004

Electronic Signature of Signing Officer or Director

Date