2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# N03000004310

Entity Name: FLYING KNIGHTS OF WILLISTON, INC

Current Principal Place of Business:

18150 NE 35TH. STREET
WILLISTON, FL 32696 US

New Principal Place of Business:

Current Mailing Address:

18150 NE 35TH STREET
WILLISTON, FL 32696 US

New Mailing Address:

FEI Number: 20-0739161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COX, HARVEY J TREASUR
18150 NE 35TH STREET
WILLISTON, FL 32696 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

OFFICERS AND DIRECTORS:

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

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

Title: SEC ( ) Delete
Name: MATCKIE, ROBERT
Address: 12150 NE 54 LN
City-St-Zip: WILLISTON, FL 32696 US

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

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 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 05/03/2005

Electronic Signature of Signing Officer or Director — Date