## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004310

Entity Name: FLYING KNIGHTS OF WILLISTON, INC

FILED Feb 16, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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18150 NE 35TH. STREET WILLISTON, FL 32696 US

Current Mailing Address: 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 ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COX, HARVEY J TREASUR

18150 NE 35TH STREET

WILLISTON, FL 32696 US

ESTEVES, JOSE A TREASUR
3901 SE 180 AVE
MORRISTON, FL 32668 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: JOSE ESTEVES 02/16/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

Name: DARRIN, CAVALLETTI W Name:

 Address:
 PO BOX 393
 Address:

 City-St-Zip:
 WILLISTON, FL 32696 US
 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RITCHIE, JON
 Name:

 Address:
 395 NE STATE RD. 121
 Address:

 City-St-Zip:
 WILLISTON, FL 32696 US
 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 MATCKIE, RÖBERT
 Name:
 ESTEVES, JÖSE A

 Address:
 12150 NE 54 LN
 Address:
 3901 SE 180 AVE

City-St-Zip: WILLISTON, FL 32696 US City-St-Zip: MORRISTON, FL 32668 US

Title: TRE ( ) Delete Title: TRE (X) Change ( ) Addition

 Name:
 COX, HARVEY
 Name:
 ESTEVES, JOSE A

 Address:
 18150 NE 35 STREET
 Address:
 3901 SE 180 AVE

 City-St-Zip:
 WILLISTON, FL 32696 US
 City-St-Zip:
 MORRISTON, FL 32668 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE ESTEVES TRE 02/16/2006