

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90050 035 \*\*\*\*61.25

**DOCUMENT # N35051**

1. Entity Name  
**BLUE KNIGHTS FLA. I, INC.**



Principal Place of Business  
**2936 NW 23RD DR.  
GAINESVILLE, FL 32605 US**

Mailing Address  
**P O BOX 6057  
GAINESVILLE, FL 32614 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2933621**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**PEREZ, RAYMOND  
2936 NW 23RD DR.  
GAINESVILLE, FL 32605**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **POREZ, RAYMOND**  
STREET ADDRESS **2836 NW 23 DR**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **P** ☒ Change ☐ Addition  
NAME **PEREZ, RAYMOND**  
STREET ADDRESS **2936 NW 23 DR**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **T** ☐ Delete  
NAME **TODD, JERRY**  
STREET ADDRESS **12883 NW 150 TERR**  
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☒ Delete  
NAME **UGNINGA, AL**  
STREET ADDRESS **2561 SW 20 AVE**  
CITY-ST-ZIP **NEWBERRY, FL 32669**

TITLE **V** ☒ Change ☐ Addition  
NAME **VENINGA, AL**  
STREET ADDRESS **2561 SW 20 AVE**  
CITY-ST-ZIP **NEWBERRY, FL 32669**

TITLE **D** ☐ Delete  
NAME **SYNDER, LARRY**  
STREET ADDRESS **1925 SW 43 ST**  
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MOSSUTO, SAMUEL**  
STREET ADDRESS **8126 GUSTAFSON RD.**  
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **INSKEEP, THOMAS**  
STREET ADDRESS **PO BOX 538**  
CITY-ST-ZIP **NEWBERRY, FL 32669**

TITLE **S** ☒ Change ☐ Addition  
NAME **ZASCIURINSKAS, TONY**  
STREET ADDRESS **3500 NE SR 47**  
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

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 617, 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.

*Raymond Perez*

**RAYMOND PEREZ, PRESIDENT**