

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 14, 2008 8:00 am
Secretary of State**

01-14-2008 90104 039 ****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.

City & State

City & State

Zip

Zip

Country

4. FEI Number
59-2933621

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

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

Name **JERRY Todd**

Street Address (P.O. Box Number is Not Acceptable)

12883 N.W. 150 TERR.

City **ALACHUA**

Zip Code **32615**

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, 2008**

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**
NAME **PEREZ, RAYMOND**
STREET ADDRESS **2936 NW 23 DR**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

Delete

TITLE **P**
NAME **JERRY Todd**
STREET ADDRESS **12883 NW 150 TERR.**
CITY-ST-ZIP **ALACHUA, FL 32615**

Change Addition

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

Delete

TITLE **T**
NAME **William Bowen**
STREET ADDRESS **404 TURKEY CREEK**
CITY-ST-ZIP **ALACHUA, FL 32615**

Change Addition

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

Delete

TITLE **V**
NAME **PERRY OTT**
STREET ADDRESS **P. O. BOX 972**
CITY-ST-ZIP **CHIEFLAND, FL 32644**

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE **D**
NAME **James MAHAFFEY**
STREET ADDRESS **13200 W. NEWBERRY RD. V127**
CITY-ST-ZIP **Newberry, FL 32669**

Change Addition

TITLE **S**
NAME **ZAGGIURINOKUS, TONY**
STREET ADDRESS **3500 NE SR 47**
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

Delete

TITLE **S**
NAME **LINDA OTT**
STREET ADDRESS **P. O. Box 972**
CITY-ST-ZIP **CHIEFLAND, FL 32644**

Change Addition

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.

SIGNATURE: *Jerry W. Todd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #