

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005851

**FILED**  
**Jun 30, 2006**  
**Secretary of State**

**Entity Name:** FLY BY NIGHT, INC.: THE BAT SPECIALISTS

**Current Principal Place of Business:**

431 SHERYL DR  
DELTONA, FL 327388444

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 562  
OSTEEN, FL 327640562

**New Mailing Address:**

**FEI Number:** 59-3649968      **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:**

FINN, LAURA SECKBACH CEO  
PO BOX 566  
OSTEEN, FL 327640566 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: D ( ) Delete  
Name: FINN, LAURA SECKBACH  
Address: 431 SHERYL DR  
City-St-Zip: DELTONA, FL 327388444

Title: D ( ) Delete  
Name: FINN, THOMAS G  
Address: 431 SHERYL DR  
City-St-Zip: DELTONA, FL 327388444

Title: D ( ) Delete  
Name: LAPUTKA, TOM  
Address: 345 N. OAK ST.  
City-St-Zip: ORANGE CITY, FL 32763

Title: D ( ) Delete  
Name: PEACE, SUZE  
Address: 1571 ALANSON  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: TESSITORE, JOSEPH  
Address: 212 W. FIRST ST. SUITE 600  
City-St-Zip: SANFORD, FL 32771

**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:

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 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: LAURA S FINN

CEO

06/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date