

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005851

FILED
Jan 16, 2009
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 ()

Name and Address of Current Registered Agent:

FINN, LAURA SECKBACH CEO
431 SHERYL DR
DELTONA, FL 327388444 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: PO BOX 566
City-St-Zip: OSTEEN, FL 327640566

Title: D () Delete
Name: FINN, THOMAS G
Address: PO BOX 566
City-St-Zip: OSTEEN, FL 327640566

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 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 SECKBACH FINN

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date