

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90201 006 ***150.00

DOCUMENT # P02000034796

1. Entity Name
STORMY KNIGHTS INTERNATIONAL, INC.



Principal Place of Business

15600 SW 288TH ST
401
HOMESTEAD, FL 33033

Mailing Address

15600 SW 288TH ST #401
401
HOMESTEAD, FL 33033

2. Principal Place of Business

8770 SUNSET DRIVE
Suite, Apt. #, etc.
442

3. Mailing Address

8770 SUNSET DRIVE
Suite, Apt. #, etc.
442

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33173

Country

USA

Zip

33173

Country

USA

03272006

Chg-P

CR2E034 (11/05)

4. FEI Number

03-0420284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GUEST, JAMES M
15600 SW 288TH ST
401
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent

Name

JAMES M GUEST CPA

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

50 KINDRED STREET

SUITE 201

City

STUART

FL

Zip Code

34994

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
ELDRIDGE, EVAN
15600 SW 288TH ST #401
HOMESTEAD, FL 33033 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ELDRIDGE, EVAN
15600 SW 288TH ST #401
HOMESTEAD, FL 33033 ☒ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVST
ELDRIDGE, EVAN
8770 SUNSET DRIVE # 442
MIAMI FL 33173 ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 607, 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: **Evan Eldridge (DPVST)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2006
Date

305-221-9595
Daytime Phone #