

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000008991

1. Entity Name

KNIGHTSBRIDGE DEVELOPMENT CORPORATION



Principal Place of Business

250 PARK AVENUE SOUTH
5TH FLOOR
WINTER PARK, FL 32789

Mailing Address

250 PARK AVENUE SOUTH
5TH FLOOR
WINTER PARK, FL 32789



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3436045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EVERETT, DYKES C
250 PARK AVENUE SOUTH
5TH FLOOR
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 file if 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

000000388744
01/20/06-80020-003 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME FAGAN, WILLIAM W
STREET ADDRESS 1152 SOLANA AVENUE
CITY - ST - ZIP WINTER PARK, FL 32789

TITLE D
NAME EVERETT, DYKES C
STREET ADDRESS 250 PARK AVE S 5TH FLOOR
CITY - ST - ZIP WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 exemptions.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-06