

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10325

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: KNIGHTSTIK CUSTOM RODS, INC.

## Current Principal Place of Business:

4929 MAXWELL DR  
BAKER, FL 32531 US

## New Principal Place of Business:

## Current Mailing Address:

4929 MAXWELL DR  
BAKER, FL 32531 US

## New Mailing Address:

FEI Number: 65-0323692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KNIGHT, JAMES L.  
4929 MAXWELL DR.  
BAKER, FL 32531 US

## Name and Address of New Registered Agent:

KNIGHT, JAMES L.  
4929 MAXWELL DR.  
BAKER, FL 32531 US

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: JAMES L. KNIGHT

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KNIGHT, JAMES L.,  
Address: 4929 MAXWELL DR  
City-St-Zip: BAKER, FL

Title: STD ( ) Delete  
Name: KNIGHT, PAULA T.,  
Address: 4929 MAXWELL DR  
City-St-Zip: BAKER, FL

Title: VD ( ) Delete  
Name: KNIGHT, JAMES L. JR  
Address: 4929 MAXWELL DR  
City-St-Zip: BAKER, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KNIGHT, JAMES L  
Address: 4929 MAXWELL DR  
City-St-Zip: BAKER, FL 32531

Title: STD (X) Change ( ) Addition  
Name: KNIGHT, PAULA T  
Address: 4929 MAXWELL DR  
City-St-Zip: BAKER, FL 32531

Title: VPD (X) Change ( ) Addition  
Name: KNIGHT, JAMES L JR.  
Address: 4929 MAXWELL DR  
City-St-Zip: BAKER, FL 32531

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. KNIGHT

PD

06/30/2005

Electronic Signature of Signing Officer or Director

Date