

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000059260
 1. Entity Name
 KNIGHT ENGINEERING CONSULTANTS, INC.



Principal Place of Business
 221 NORTH HIGHWAY 27
 SUITE 1
 CLERMONT, FL 34711

Mailing Address
 221 NORTH HIGHWAY 27
 SUITE 1
 CLERMONT, FL 34711



01062006 No Chg-P CR2E034 (11/05)

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4. FEI Number
 20-0965583 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KNIGHT, THOMAS L
 221 NORTH HIGHWAY 27
 SUITE 1
 CLERMONT, FL 34711

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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 title 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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KNIGHT, THOMAS L
STREET ADDRESS	221 NORTH HIGHWAY 27, SUITE 1
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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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: Thomas L Knight 1/9/06 3523948514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #