


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

08-16-2006 90002 025 \*\*\*158.75

**DOCUMENT # P05000052582**

1. Entity Name  
**KNIGHT'S CUSTOM SERVICES, INC.**



Principal Place of Business  
**1121 PINWOOD DR. NE  
 PALM BAY, FL 32905**

Mailing Address  
**1121 PINWOOD DR. NE  
 PALM BAY, FL 32905**

2. Principal Place of Business  
**1121 Pinewood Dr. NE.**

3. Mailing Address  
**P.O. Box 60066**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
**Palm Bay, Florida**

City & State  
**Palm Bay, Florida**

Zip  
**32905**

Country  
**U.S.A.**

Zip  
**32906-0066**

Country  
**U.S.A.**



08122006 Chg-P CR2E034 (11/05)

4. FEI Number  
**03-0562791**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KNIGHT, ROGER  
 2087-A SARNO RD.  
 MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: Roger Knight [Signature] 8/12/06

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KNIGHT, ROGER</b> <b>1121 PINWOOD DR. NE</b> <b>PALM BAY, FL 32905</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Roger Knight [Signature] 08/12/06 321-726-0454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #