


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 262232	
1. Entity Name KNIGHT FARMS, INC.	

Principal Place of Business 8259 N MILITARY TRAIL 5 PALM BCH GARDENS, FL 33410	Mailing Address 8259 N MILITARY TRAIL 5 PALM BCH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1006907	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**KNIGHT, DANIEL O
8259 N MILITARY TRAIL #5
PALM BCH GARDENS, FL 33410**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	TD KNIGHT, FRANCES 8495 BEACONHILL RD PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNIGHT, THURMOND W., JR 385 HINMAN RD GLOVER, VT 05839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELMS, SUSAN K 861 W JASMINE DR LAKE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNIGHT, JEFFREY NEIL 8259 N MILITARY TRAIL #5 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KNIGHT, DANIEL O 8259 N MILITARY TRAIL #5 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000092725
03/19/04-80020-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **DANIEL KNIGHT, ASST SCTY** 3/15/04 561-625-075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #