


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 262232 1. Entity Name KNIGHT FARMS, INC.	
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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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02262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

U00000247967
03/02/05-80010-003 150.00

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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:  2/28/05 361-625-0780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #