2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2005 08:00 AM

DOCUMENT # 456664 1. Entity Name KNIGHT'S SHOE STORE, INC.								Se	ecreta	ary o	f State	
Principal Pla	ce of Business	·	Malling Address									
208 E. 1ST STREET SANFORD, FL 32771			208 E. 1ST STREET SANFORD, FL 32771									
2. Principal Place of Business			3. Mailing Address			,						
								##### ################################	ET MILLER MINIS MI	NII MINII BIOLI NE	NISON IS INCL	
Suite, Apt, #, etc.			Suite, Apt. #, etc.				01142005	Chg-P	CR2E	34 (10/03)		
City & State			City & State				4. FEI Numbe 59-2013		-		pplied For ot Applicable	
Zip	Country		Zip	Zip Cour			5. Certificate of Status Desired			\$8.75 Additional		
	5. Name a	nd Address of Curren	it Registered Agent		7. Name and Address of New Registered Agent							
KNIGHT, CHARLES DONALD					Name			,			-	
208 EAST	FIRST STR D. FL 32771	REET		Street Ad	Street Address (P.O, Box Number is Not Acceptable)							
	•				City					7-0-		
A 39					1 -				<u>FL</u>	Zip Cod	Į.	
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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	PS		☐ Delete	E					Change	Addition		
NAME STREET ADDRESS	KNIGHT, CI 208 E 18T 8	HARLES DONALD		NAME STREET				04/02/05 04/02/05)28521! Jonnoc	5 _880 15	o on 1	
CITY-ST-ZIP	SANFORD,				et address -st-zip			1177 UCA UQ	COCOO	000 1.	ן טטיינו	
TITLE	TD		☐ Delete	☐ Delete TITLE						Change	Addition	
NAME STREET ADDRESS	KNIGHT, CHARLES DONALD			NAM! STRE								
CITY-ST-ZIP	SANFORD,	• • •		1	ET ADDRESS -ST-ZIP							
TITLE	SD SD	TOODY MEDD	☐ Delete	TITLE	1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	☐ Addition	
NAME STREET ADDRESS	208 E 1ST S	REGORY MYERS ST.		NAM STRE	ET ADDRESS							
CITY-ST-ZIP	SANFORD,				-ST-ZIP							
TITLE	VD	DO4DEE444500	☐ Defete	ЛПТ	1					☐ Change	☐ Addition	
NAME STREET ADDRESS	208 E 1ST S	ARGARET MYERS		NAM! STRE	ET ADDRESS						1	
CITY-ST-ZIP	SANFORD,	_	· · · x*		-ST-ZIP				_			
TITLE	VD		☐ Delete	TITLE			,			Change	Addition	
NAME STREET ADDRESS	KNIGHT, DC			NAME	ET ADDRESS							
CITY-ST-ZIP	SANFORD,				-ST-ZIP							
TITLE			☐ Defete	TITLE	II					☐ Change	☐ Addition	
STRUCT ADDRESS				NAME STRE	ET ADDRESS						-	
CITY-ST-ZIP			<u> </u>		ST-ZIP							
12. I hereby c	certify that the in on this report o	iormation supplied with r supplemental report is	n this filing does not qualify f s true and accurate and that	or the exer my signat	nption state ure shall ha	d in Sec ve the sa	tion 119.07(3)(i), une legal effect	, Florida Statutes. I as if made under o	further cert ath; that I a	ify that the in	formation or director	
12. I hereby certify that the information supplied with this filling 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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: Lease D. Litt 21 Marc 05 (407) \$22-0204												
JIGNAI	UNE:	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	H OR DIRECT	OR			Date	/ V// 3	ytime Phone #	- w y	