


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90018 001 ***150.00

| | |
|---|---|
| DOCUMENT # G74192 1. Entity Name KNIGHT FINANCIAL PLANNING SERVICES, INC. |  |
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| Principal Place of Business 7301 NW 4TH ST SUITE #103 PLANTATION, FL 33317 | Mailing Address 7301 NW 4TH ST SUITE #103 PLANTATION, FL 33317 |
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| 2. Principal Place of Business - No P.O. Box # 920 S.W. 74TH AVE. Suite, Apt. #, etc. | 3. Mailing Address 7027 W. BROWARD BLVD. #204 Suite, Apt. #, etc. |
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|---------------------------------------|---------------------------------------|
| City & State PLANTATION, FL | City & State PLANTATION, FL |
|---------------------------------------|---------------------------------------|

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|---------------------|---------|--------------------------|---------|
| Zip 33317 | Country | Zip 33317-2208 | Country |
|---------------------|---------|--------------------------|---------|

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| 6. Name and Address of Current Registered Agent KNIGHT, EDWARD G. 7301 NW 4TH ST SUITE #105 PLANTATION, FL 33317 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP KNIGHT, EDWARD G 7301 N.W. 4TH ST. #105 PLANTATION, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP KNIGHT, EDWARD G. 920 S.W. 74TH AVE. PLANTATION, FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST KNIGHT, GAIL M 7301 N.W. 4TH ST. #105 PLANTATION, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST KNIGHT, GAIL M. 920 S.W. 74TH AVE. PLANTATION, FL 33317 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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:  **2/28/07** **954-584-9090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40027300



02282007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2419327 Applied For
Not Applicable

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