


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H64312</b> 1. Entity Name KNIGHT LIVESTOCK, INC.	
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<b>Principal Place of Business</b> 1238 PLACID DRIVE LAKE PLACID, FL 33852 US	<b>Mailing Address</b> P.O. BOX 2208 LAKE PLACID, FL 33852 US
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**DO NOT WRITE IN THIS SPACE**



07282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2553044	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, JACK A.  
1238 DRISCOLL DRIVE  
LAKE PLACID, FL 33852

**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 MARIA H. KNIGHT DATE 8/2/05

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KNIGHT, JACK A. 1238 PLACID DRIVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST KNIGHT, MARIA H. 1238 PLACID DRIVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNIGHT, MARIA H. 1238 PLACID DRIVE LAKE PLACID, FL 33852
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08/10/05-80003-022 150.00

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: Maria H. Knight MARIA H. KNIGHT 8/2/05 (863) 465-5664

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