## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jul 31, 2006 8:00 am Secretary of State 07-31-2006 90003 013 \*\*\*150.00

| Country   Sup   Same     | DOCUMENT # H64312  1. Entity Name KNIGHT LIVESTOCK, INC. |   |                                  |                               |                        | 07-31-2006 90003 013 ****150.00    |                        |                           |            |
|---|--|---|----------------------------------|-------------------------------|------------------------|------------------------------------|------------------------|---------------------------|------------|
| Sultio, Apt. #, etc.  Sultio, Apt. #, etc.  City & State  City & State  City & State  Country  2p  33862  Country  5 - 2553044  File Number  5 - 2553044  See Required  For Substance of Current Registered Agent  Name  Storal Address of Current Registered Agent  Name  Storal Address of New Registered Agent  Name  Storal Address of New Registered Agent  Name  Storal Address of New Registered Agent  Name  City  FL  Zip Code  1238 DRISCOLL DRIVE  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida. I am familiar with, and social the orbigations of registered agent.  SIGNATURE  By-autr., red of permat name dragoured agent and social agent and so  | 1238 PLACID  | DRIVE   | P.O. BOX 2208                    |                               | 50023438               |                                    |                        |                           |            |
| Sultio, Apt. #, etc.  Sultio, Apt. #, etc.  City & State  City & State  City & State  Country  2p  33862  Country  5 - 2553044  File Number  5 - 2553044  See Required  For Substance of Current Registered Agent  Name  Storal Address of Current Registered Agent  Name  Storal Address of New Registered Agent  Name  Storal Address of New Registered Agent  Name  Storal Address of New Registered Agent  Name  City  FL  Zip Code  1238 DRISCOLL DRIVE  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida. I am familiar with, and social the orbigations of registered agent.  SIGNATURE  By-autr., red of permat name dragoured agent and social agent and so  | 2. Principal Place of Business                           |   | 3. Mailing Address               |                               |                        |                                    |                        |                           |            |
| City & State LAKE PLACID  Zip  Country  Zip 33862  Country  Zip 33862  Country  City S. Certificate of Status Dasied Serve Required For  | Suite, Apt. #, etc.                                      |   | Suite, Apt. #, etc.              |                               |                        |                                    |                        |                           |            |
| Country   Sub   Country   Sub   Country   Sub   Sak82   Country   Sak82   Country   Sak82       | City & State   |   | City & State                     |                               |                        |                                    |                        | plied For                 |            |
| Street Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered of life or registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered of life or registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered of life or registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered difference or registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident agent and steel agen  |  |   | Zip Country                      |                               |                        | _ \$8.75 Additi                    |                        | t Applicable              |            |
| Name Stroet Address (P.O. Box Number is Not Acceptable)  Stroet Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent.  SIGNATURE  S  |  | ,   | 33862                            |                               |                        |                                    |                        | Fee Require               |            |
| Sirget Address (P.C. Box Number is Not Acceptable)   1238 DRTSCOLL DRVE   |  | 6. Name and Address of Curren                                     | t Registered Agent               | -   N                         | lame                   | 7. Name and                        | Address of New R       | egistered Agent           |            |
| 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 farmliar with, and according to registered agent, or both, in the State of Florida. I am farmliar with, and according to registered agent, or both, in the State of Florida. I am farmliar with, and according to registered agent, or both, in the State of Florida. I am farmliar with, and according to registered agent, or both, in the State of Florida. I am farmliar with, and according to the property of the propert  | 1238 PLAC  | DD DR   |                                  | 3<br>1                        | treet Address (F       | P.O. Box Number is Not Acceptable) |                        |                           |            |
| SIGNATURE    Signature   Signa  |  |   |                                  | C                             | Sity                   |                                    |                        | FL Zip Cod                | e          |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  IIILE NAME STREET ADDRESS 1238 PLACID DRIVE LAKE PLACID, FL 33852  FIRE ADDRESS 1238 PLACID DRIVE LAKE PLACID, FL 33852  FIRE ADDRESS 1238 PLACID DRIVE LAKE PLACID, FL 33852  FIRE ADDRESS 1238 PLACID DRIVE LAKE PLACID, FL 33852  FIRE ADDRESS 1238 PLACID DRIVE CITY-S1-ZIP  FILE NAME SIRRET ADDRESS 1238 PLACID DRIVE CITY-S1-ZIP  FILE NAME SIRRET ADDRESS SIR | 8. The above the obligati                                | named entity submits this statement l<br>ons of registered agent. | for the purpose of changing its  | registered o                  | flice or register      | ed agent, or both                  | n, in the State of Flo | rida. I am familiar with, | and accept |
| Trust Fund Contribution. Added to Fees   Corporation did not receive the prior notice.  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. III.E   NAME   STREET ADDRESS   12.38 PLACID DRIVE   Additional Place   Additional Place  |  | Signature, typed or printed name of registered ager               | nt and title if applicable (NOTE | : Registered Age              | ent signature required | when reinstating)                  |                        | DATE                      | <u></u>    |
| TITLE NAME KNIGHT, JACK A. 238 PLACID DRIVE LAKE PLACID, FL 33852  TITLE NAME KNIGHT, MARIA H. 1238 PLACID DRIVE LAKE PLACID, FL 33852  TITLE NAME KNIGHT, MARIA H. 1238 PLACID DRIVE LAKE PLACID, FL 33852  TITLE NAME KNIGHT, MARIA H. 1238 PLACID DRIVE LAKE PLACID, FL 33852  TITLE NAME SIREET ADDRESS CITY-ST-ZIP KNIGHT, MARIA H. 1238 PLACID DRIVE LAKE PLACID, FL 33852  TITLE NAME SIREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852  TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SI  |  |   |                                  |                               | +                      |                                    |                        |                           |            |
| NAME STREET ADDRESS CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS S  | 10.  |   | DIRECTORS                        | 11.                           |                        | ADDITIONS/                         | CHANGES TO OFFI        | CERS AND DIRECTOR         | S IN 11    |
| NAME STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852  THEE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  THLE NAME STREET ADDRESS   | NAME<br>STREET ADDRESS                                   | KNIGHT, JACK A.<br>1238 PLACID DRIVE                              | Delete                           | name<br>Street ac             |                        | B DRISCOI                          | L DRIVE                | X Change                  | ☐ Addition |
| HILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS   | NAME<br>STREET ADDRESS                                   | KNIGHT, MARIA H.<br>1238 PLACID DRIVE                             | ☐ Delete                         | NAME<br>STREET AC             |                        | B DRISCOL                          | L DRIVE                | X Change                  | Addition   |
| STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852  TILE NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS  |  |   | ☐ Selete                         |                               | ZIP                    |                                    |                        | X Change                  | ☐ Addilion |
| NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI  | STREET ADDRESS   | 1238 PLACID DRIVE   |                                  | STREET AL                     | I                      | B DRISCOI                          | L DRIVE                |                           |            |
| NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS   | NAME<br>Street address                                   |   | ☐ Delete                         | name<br>Street ac             | I                      |                                    |                        | ☐ Change                  | Addition   |
|   | NAME   |   | ☐ Delete                         | NAME<br>Street ac             | 1                      |                                    |                        | ☐ Change                  | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  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   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | ocitis that the information and                                   |                                  | NAME<br>SIREET AL<br>CHTY-ST- | ZIP                    | Lin Chapter 110                    | Elecido Statutos       |                           | Addition   |

introduced on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation of 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.

JACK A. KNIGHT

7/18/06

(863) 465-5664

Daytime Phone #