

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H64312

1. Entity Name  
KNIGHT LIVESTOCK, INC.



Principal Place of Business  
1238 DRISCOLL DRIVE  
LAKE PLACID, FL 33852 US

Mailing Address  
P.O. BOX 2208  
LAKE PLACID, FL 33862 US

**DO NOT WRITE IN THIS SPACE**



07152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2553044

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KNIGHT, JACK A.  
1238 DRISCOLL DR  
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 \_\_\_\_\_  
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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KNIGHT, JACK A.
STREET ADDRESS	1238 DRISCOLL DR
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VST
NAME	KNIGHT, MARIA H.
STREET ADDRESS	1238 DRISCOLL DR
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	KNIGHT, MARIA H.
STREET ADDRESS	1238 DRISCOLL DR
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000956500  
07/28/08-80005-009 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: JACK A. Knight / Maria H. Knight 7-25-08 863-441-4696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #