

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # J47341

1. Entity Name
KNIGHT FOREST PRODUCTS, INC.



Principal Place of Business
**2520 NE 70TH ST
OCALA, FL 34479 US**

Mailing Address
**2520 NE 70TH ST
OCALA, FL 34479 US**



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2743421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KNIGHT, GLENN E.
9050 SW 9TH TERR
OCALA, FL 34476**

**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 renewing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

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

000000098260

03/29/04-80035-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME	PT KNIGHT, GLENN E.
STREET ADDRESS CITY-ST-ZIP	9050 SW 9TH TERR OCALA, FL 34476

TITLE NAME	S KNIGHT, LINDA C.
STREET ADDRESS CITY-ST-ZIP	9050 SW 9TH TERR OCALA, FL 34476

TITLE NAME	VP STAPLES, DICKIE R
STREET ADDRESS CITY-ST-ZIP	10206 NW 8TH LANE OCALA, FL

TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04

Date

352-672-8002

Daytime Phone #