


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # J47341 1. Entity Name KNIGHT FOREST PRODUCTS, INC.	
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Principal Place of Business 2520 NE 70TH ST OCALA, FL 34479 US	Mailing Address 2520 NE 70TH ST OCALA, FL 34479 US
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04072005 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
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KNIGHT, GLENN E. 9050 SW 9TH TERR OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNIGHT, LINDA C. 9050 SW 9TH TERR OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STAPLES, DICKIE R 10206 NW 8TH LANE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000292924 04/08/05-80007-020 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Glenn E. Knight 4-7-05

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