


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90006 050 \*\*\*158.75

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
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2. Principal Place of Business - No P.O. Box # 1105 Savannah Trace	3. Mailing Address 2215 SE Ft King St
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste B

City & State Tallahassee, FL	City & State Ocala, FL
Zip 32312	Country USA
Zip 34471	Country USA

40027323



02102007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  KNIGHT, GLENN E. 9050 SW 9TH TERR OCALA, FL 34476	
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4. FEI Number 59-2743421	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
1105 Savannah Trace	
City Tallahassee	FL Zip Code 32312

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 resigning) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KNIGHT, GLENN E. 9050 SW 9TH TERR OCALA, FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1105 Savannah Trace Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNIGHT, LINDA C. 9050 SW 9TH TERR OCALA, FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1105 Savannah Trace Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STAPLES, DICKIE R 10206 NW 8TH LANE OCALA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Glenn Knight ✓ 2-28-07 352-427-3037  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #