

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K45106 1. Entity Name C & S KNIGHT ENTERPRISES, INC.					
Principal Place of Business C/O CONNIE T. KNIGHT 3532 HOLLIDAY AVE APOPKA FL 32703			Mailing Address C/O CONNIE T. KNIGHT 3532 HOLLIDAY AVE APOPKA FL 32703		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2791663	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KNIGHT, CONNIE T. 3532 HOLLIDAY AVE APOPKA FL 32703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				1st MOORE CR2E034 (10/05)	
SIGNATURE _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KNIGHT, CONNIE T. 3532 HOLLIDAY AVE APOPKA FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KNIGHT, STEVEN E. 3532 HOLLIDAY AVE APOPKA FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UN00000464148 03/21/06-80104-011 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Connie T. Knight</u> 3/7/06 407-295-935					