

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45106

Entity Name: C & S KNIGHT ENTERPRISES, INC.

FILED  
Feb 17, 2009  
Secretary of State

## Current Principal Place of Business:

C/O CONNIE T. KNIGHT  
3532 HOLLIDAY AVE  
APOPKA, FL 32703

## New Principal Place of Business:

## Current Mailing Address:

C/O CONNIE T. KNIGHT  
3532 HOLLIDAY AVE  
APOPKA, FL 32703

## New Mailing Address:

FEI Number: 59-2791663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KNIGHT, CONNIE T.  
3532 HOLLIDAY AVE  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: KNIGHT, CONNIE T.,  
Address: 3532 HOLLIDAY AVE  
City-St-Zip: APOPKA, FL

Title: DV ( ) Delete  
Name: KNIGHT, STEVEN E.,  
Address: 3532 HOLLIDAY AVE  
City-St-Zip: APOPKA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: KNIGHT, CONNIE T.,  
Address: 3532 HOLLIDAY AVE  
City-St-Zip: APOPKA, FL 32703

Title: DV (X) Change ( ) Addition  
Name: KNIGHT, STEVEN E.,  
Address: 3532 HOLLIDAY AVE  
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE T. KNIGHT

DPST

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date