


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K96740</b> 1. Entity Name <b>KNIGHT'S FARM FRESH FEEDS, INC.</b>	
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Principal Place of Business <b>COUNTY ROAD 316-A P. O. BOX 670 BUSHNELL, FL 33513</b>	Mailing Address <b>COUNTY ROAD 316-A P. O. BOX 670 BUSHNELL, FL 33513</b>
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**DO NOT WRITE IN THIS SPACE**



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2966915</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KNIGHT, MICHAEL R. C. R. # 316-A BUSHNELL, FL 33513</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNIGHT, MICHAEL R. 5376 CR 316A BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KNIGHT, PAULA A 5376 CR 316A 836 BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNIGHT, ROBERT C ROUTE 2, BOX 836 BUSHNELL, 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 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.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4/14/07</b> Date	<b>352 793 2242</b> Daytime Phone #
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