

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2008 8:00 am
Secretary of State
05/14/08 90016 019 ***61.25

DOCUMENT # N96000001515

1. Entity Name
KNIGHT ISLAND UTILITIES, INC.



Principal Place of Business
7092 PLACIDA RD.
CAPE HAZE, FL 33946

Mailing Address
7092 PLACIDA RD.
CAPE HAZE, FL 33946



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2732393

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BECKSTEAD, DEAN L
7092 PLACIDA RD
CAPE HAZE, FL 33946-2501

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
FITSIMMONS, TIM
7092 PLACIDA RD.
PLACIDA, FL 33946**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPS
BECKSTEAD, DEAN L
7092 PLACIDA RD.
PLACIDA, FL 33946**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
PIERCE, ROBERT
7092 PLACIDA ROAD
CAPE HAZE, FL 33946**

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/08

941-697-7207