

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91218 050 \*\*\*150.00

**DOCUMENT # P0000060290**

**1. Entity Name**

**KNIGHT TRADERS & INVESTMENTS CORPORATION**



**Principal Place of Business**

947 NORTH JERICO DR.  
CASSELBERRY FL 32707-5919

**Mailing Address**

947 NORTH JERICO DR.  
CASSELBERRY FL 32707-5919

**2. Principal Place of Business**

1255 GRANTHAM COURT  
Suite, Apt. #, etc.

**3. Mailing Address**

1255 GRANTHAM COURT  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

**City & State**

CASSELBERRY, FL

**City & State**

CASSELBERRY, FL

**4. FEI Number**

59-3655648

**Applied For**

Not Applicable

**Zip**

32707-5907

**Country**

SEMINOLE

**Zip**

32707-5907

**Country**

SEMINOLE

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

NELSON, STEVEN A  
947 NORTH JERICO DR.  
CASSELBERRY FL 32707-5919

**7. Name and Address of New Registered Agent**

**Name**

NELSON, STEVEN A.

**Street Address (P.O. Box Number is Not Acceptable)**

1255 GRANTHAM COURT

**City**

CASSELBERRY

**FL**

**Zip Code**

32707-5907

**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**

*Steven A. Nelson*

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

(NOTE: Registered Agent signature required when reinstating)

*4/13/04*

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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**

**TITLE** PTD ☐ Delete

**NAME** NELSON, STEVEN A  
**STREET ADDRESS** 947 NORTH JERICO DR.  
**CITY-ST-ZIP** CASSELBERRY FL 32707-5919

**TITLE** SD ☐ Delete

**NAME** NELSON, AUDREY S  
**STREET ADDRESS** 947 NORTH JERICO DR.  
**CITY-ST-ZIP** CASSELBERRY FL 32707-5919

**TITLE** ☐ Delete

**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ Delete

**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ Delete

**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ Delete

**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ Change ☐ Addition

**NAME** \_\_\_\_\_  
**STREET ADDRESS** 1255 GRANTHAM COURT  
**CITY-ST-ZIP** CASSELBERRY, FL 32707-5907

**TITLE** ☒ Change ☐ Addition

**NAME** \_\_\_\_\_  
**STREET ADDRESS** 1255 GRANTHAM COURT  
**CITY-ST-ZIP** CASSELBERRY, FL 32707-5907

**TITLE** ☐ Change ☐ Addition

**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ Change ☐ Addition

**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ Change ☐ Addition

**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ Change ☐ Addition

**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Steven A. Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/13/04*  
Date

*407-695-6900*  
Daytime Phone #