

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 <input type="checkbox"/> Delete
NAME	NELSON, STEVEN A
STREET ADDRESS	947 NORTH JERICO DR.
CITY-ST-ZIP	CASSELBERRY FL 32707-5919
TITLE	SD <input type="checkbox"/> Delete
NAME	NELSON, AUDREY S
STREET ADDRESS	947 NORTH JERICO DR.
CITY-ST-ZIP	CASSELBERRY FL 32707-5919
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1255 GRANTHAM COURT
CITY-ST-ZIP	CASSELBERRY, FL 32707-5907
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1255 GRANTHAM COURT
CITY-ST-ZIP	CASSELBERRY, FL 32707-5907
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #