

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089459

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: CHARLES KIGHT & ASSOCIATES, INC.

## Current Principal Place of Business:

1767 HERMITAGE BLVD., SUITE 9302  
TALLAHASSEE, FL 323087719

## New Principal Place of Business:

2701 VASSAR RD  
TALLAHASSEE, FL 32309

## Current Mailing Address:

1767 HERMITAGE BLVD., SUITE 9302  
TALLAHASSEE, FL 323087719

## New Mailing Address:

2701 VASSAR RD  
TALLAHASSEE, FL 32309

FEI Number: 59-3672018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIGHT, CHARLES D  
1767 HERMITAGE BLVD., SUITE 9302  
TALLAHASSEE, FL 323087719 US

## Name and Address of New Registered Agent:

KIGHT, CHARLES D  
2701 VASSAR  
TALLAHASSEE, FL 32309 US

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:

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KIGHT, CHARLES D  
Address: 1767 HERMITAGE BLVD., 9302  
City-St-Zip: TALLAHASSEE, FL 323087719

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KIGHT, CHARLES D  
Address: 2701 VASSAR RD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Change (X) Addition  
Name: DEVANE-KIGHT, MELODY K  
Address: 2701 VASSAR RD  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MELODY DEVANE-KIGHT

D

04/05/2005

Electronic Signature of Signing Officer or Director

Date