## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000034292

Entity Name: FLORIDA KNIGHTS MANAGEMENT, INC.

FILED Jan 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5071 SW 40 AVE 3325 GRIFFIN ROAD

APT A 214

FORT LAUDERDALE, FL 33314 FORT LAUDERDALE, FL 33312

Current Mailing Address: New Mailing Address:

5071 SW 40 AVE 3325 GRIFFIN ROAD

APT A 214
FORT LAUDERDALE, FL 33314 FORT LAUDERDALE, FL 33312

FEI Number: 65-1098551 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOLSON, STEVE T
5071 SW 40 AVE
APT A
GOLSON, STEVE T
3325 GRIFFIN ROAD
214

FORT LAUDERDALE, FL 33314 US FORT LAUDERDALE, FL 33312 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: STEVE T GOLSON 01/03/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 GOLSON, STEVE T
 Name:
 GOLSON, STEVE T

 Address:
 5071 SW 40 AVE APT A
 Address:
 3325 GRIFFIN ROAD SUITE 214

City-St-Zip: FORT LAUDERDALE, FL 33314 City-St-Zip: FORT LAUDERDALE, FL 33312

Title: DS ( ) Delete Title: DS (X) Change ( ) Addition

Name: GOLSON, GRETTEL Name: GOLSON, GRETTEL

 Address:
 5071 SW 40 AVE APT A
 Address:
 3325 GRIFFIN ROAD SUITE 214

 City-St-Zip:
 FORT LAUDERDALE, FL 33314
 City-St-Zip:
 FORT LAUDERDALE, FL 33312

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: STEVE T GOLSON DP 01/03/2005