

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043467

FILED  
Feb 20, 2006  
Secretary of State

Entity Name: THE PALMER KNIGHT COMPANY

## Current Principal Place of Business:

2970 ST JOHNS AVENUE  
SUITE 8A  
JACKSONVILLE, FL 32205

## New Principal Place of Business:

## Current Mailing Address:

2970 ST JOHNS AVENUE  
SUITE 8A  
JACKSONVILLE, FL 32205

## New Mailing Address:

FEI Number: 59-3714649      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KNIGHT, A. PALMER  
2970 ST JOHNS AVENUE  
SUITE 8A  
JACKSONVILLE, FL 32205 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: KNIGHT, A. PALMER  
Address: 2970 ST JOHNS AVENUE SUITE 8A  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete  
Name: KNIGHT, MARIA B  
Address: 4561 FOUNTAIN DR.  
City-St-Zip: MARIETTA, GA 30067

Title: D ( ) Delete  
Name: LAFAYE, VERNON A  
Address: 208 N BARTRAM TRL.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPCF ( ) Delete  
Name: KNIGHT, C. DAVIS  
Address: 2970 ST. JOHNS AVE., STE. 5A  
City-St-Zip: JACKSONVILLE, FL 32205

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KNIGHT, MARIA B  
Address: 2970 ST JOHNS AVENUE SUITE 8A  
City-St-Zip: JACKSONVILLE, FL 32205

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPCF (X) Change ( ) Addition  
Name: KNIGHT, C. DAVIS  
Address: 2970 ST. JOHNS AVE., STE. 8A  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: A. PALMER KNIGHT

PSD

02/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date