

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064759

Entity Name: GOOD KNIGHT, INC.

FILED  
May 09, 2005  
Secretary of State

## Current Principal Place of Business:

PO BOX 223501  
W PALM BCH, FL 334223501

## New Principal Place of Business:

PO BOX 5686  
LAKE WORTH, FL 33466

## Current Mailing Address:

PO BOX 223501  
W PALM BCH, FL 334223501

## New Mailing Address:

PO BOX 5686  
LAKE WORTH, FL 334665686

FEI Number: 65-1120131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAYES, NEIL  
HAYES, SCHLOSS & ALCOGER, PA  
4365 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: CARSON, KEITH  
Address: P.O. BOX 223501  
City-St-Zip: WEST PALM BEACH, FL 334223501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: CARSON, KEITH  
Address: P.O. BOX 5686  
City-St-Zip: LAKE WORTH, FL 334665686

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: KEITH CARSON

PTSD

05/09/2005

Electronic Signature of Signing Officer or Director

Date