


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000075096</b> 1. Entity Name JEFF KNIGHT PLUMBING, INC.	
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Principal Place of Business 4575 ACORN WAY EDGEWATER, FL 32141	Mailing Address 4575 ACORN WAY EDGEWATER, FL 32141
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<b>DO NOT WRITE IN THIS SPACE</b>
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02162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3735376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KNIGHT, JEFFREY D 4575 ACORN WAY EDGEWATER, FL 32141
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 <u>Cynthia A Knight</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Cynthia Knight (Treasurer)</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>2-27-07</u> <small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNIGHT, JEFFREY D 4575 ACORN WAY EDGEWATER, FL 321415413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KNIGHT, CYNTHIA A 4575 ACORN WAY EDGEWATER, FL 321415413
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<p>U00000654300 03/13/07-80082-016 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Cynthia A Knight</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2-27-07</u> <small>Date</small>	<u>386-345-3857</u> <small>Daytime Phone #</small>