


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000001719 1. Entity Name KNIGHT FARM, INC.	
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Principal Place of Business POST OFFICE BOX 1479 CROSS CITY, FL 32628	Mailing Address POST OFFICE BOX 1479 CROSS CITY, FL 32628
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1958427	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KNIGHT, DWIGHT
HIGHWAY 351 SOUTH, HORSESHOE ROAD
CROSS CITY, FL 32628

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNIGHT, DWIGHT P.O. BOX 1503 CROSS CITY, FL 32628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KNIGHT, DEBBIE P.O. BOX 1503 CROSS CITY, FL 32628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/11/04-80036-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **2-6-04** **352** **492 7122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #