

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000001719

1. Entity Name  
KNIGHT FARM, INC.



Principal Place of Business

P.O. BOX 2069  
CROSS CITY, FL 32628

Mailing Address

P.O. BOX 2069  
CROSS CITY, FL 32628



02022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-1958427

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME KNIGHT, DWIGHT  
STREET ADDRESS P.O. BOX 1503  
CITY - ST - ZIP CROSS CITY, FL 32628

TITLE VSD  
NAME KNIGHT, DEBBIE  
STREET ADDRESS P.O. BOX 1503  
CITY - ST - ZIP CROSS CITY, FL 32628

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U000000424837  
02/18/06-80067-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-06 352-441-5901