2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# P02000001719

Entity Name: KNIGHT FARM, INC.

Current Principal Place of Business:

P.O. BOX 2069
CROSS CITY, FL 32628

New Principal Place of Business:

11483 NE 351 HWY
OLD TOWN, FL 32680

Current Mailing Address:

P.O. BOX 2069
CROSS CITY, FL 32628

New Mailing Address:

11483 NE 351 HWY
OLD TOWN, FL 32680

FEI Number: 43-1958427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNIGHT, DWIGHT
11483 NE 351 HWY
OLD TOWN, FL 32680 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: P ( ) Delete
Name: KNIGHT, DWIGHT
Address: P.O. BOX 1503
City-St-Zip: CROSS CITY, FL 32628

Title: VSD ( ) Delete
Name: KNIGHT, DEBBIE
Address: P.O. BOX 1503
City-St-Zip: CROSS CITY, FL 32628

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DWIGHT KNIGHT P 01/26/2009

Electronic Signature of Signing Officer or Director — Date