

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90040 047 ***150.00

DOCUMENT # P02000002256

1. Entity Name

STACEY KNIGHTS PRODUCTIONS, INC.



Principal Place of Business

10810 BUCKSKIN PLACE
TAMPA FL 33626

Mailing Address

10810 BUCKSKIN PLACE
TAMPA FL 33626

34040700



MOORE

CR2E034 (11/03)

2. Principal Place of Business

2133 Premier Dr S.

3. Mailing Address

2133 Premier Dr S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

02-6520649

Applied For

Not Applicable

Zip

33707

Country

Zip

33707

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUGG, MICHAEL N
10810 BUCKSKIN PLACE
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name

Stacey Knights

Street Address (P.O. Box Number is Not Acceptable)

2133 Premier Dr S.

City

St. Petersburg

FL

Zip Code

33707

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]

STACEY KNIGHTS

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

(NOTE: Registered Agent signature required when reinstating)

4/6/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD ☒ Delete
NAME SUGG, MICHAEL N
STREET ADDRESS 10810 BUCKSKIN PLACE
CITY-ST-ZIP TAMPA FL 33626

TITLE PSD ☐ Delete
NAME KNIGHTS, STACEY
STREET ADDRESS 2133 PREMIER DR SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

STACEY KNIGHTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04
Date

(727) 224-2374
Daytime Phone #