


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90089 006 ***150.00

DOCUMENT # P02000012964 1. Entity Name DESERT KNIGHT ARABIAN FARMS INC					
Principal Place of Business 26525 DAYFLOWER BLVD. WESLEY CHAPEL, FL 33544			Mailing Address 26525 DAYFLOWER BLVD. WESLEY CHAPEL, FL 33544		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 30-0068985	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DISMUKE, CHRISTIANE 26525 DAYFLOWER BLVD. WESLEY CHAPEL, FL 33544				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DISMUKE, CHRISTIANE M		NAME		
STREET ADDRESS	26525 DAYFLOWER BLVD.		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Christiane Monte Dismuke</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-15-04 <small>Date</small>		(013) 907-8851 <small>Daytime Phone #</small>

Attachment
44032895
Division of Corporations

Annual Report

Page 1

Document Number

P02000012964

Business Entity Name

DESERT KNIGHT ARABIAN FARMS INC

FEI Number

300068985

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

26525 DAYFLOWER BLVD.

Suite, Apt. #, etc.

City, State

WESLEY CHAPEL

FL

Zip Code & Country

33544

Mailing Address

Address

26525 DAYFLOWER BLVD.

Suite, Apt. #, etc.

City, State

WESLEY CHAPEL

FL

Zip Code & Country

33544

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

DISMUKE, CHRISTIANE

-or- RA Business Name

Address

26525 DAYFLOWER BLVD.

Suite, Apt. #, etc.

City, State

WESLEY CHAPEL

FL

Zip Code & Country

33544

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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Division of Corporations

Annual Report

Page 2

Document Number

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Business Entity Name

DESERT KNIGHT ARABIAN FARMS INC

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title D
Name (Last, First, Middle, Title) DISMUKE CHRISTIANE M
-or- Entity Name
Street Address 26525 DAYFLOWER BLVD.
City, State WESLEY CHAPEL FL
Zip Code & Country 33544

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address

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City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

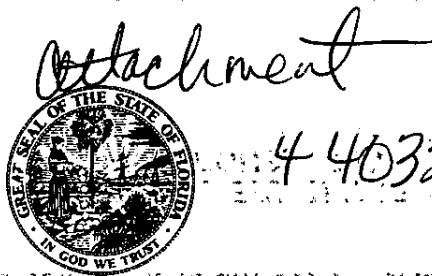
An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

PRES
T. Monte Diomonte

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44032895

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 12, 2004

DESERT KNIGHT ARABIAN FARMS INC
26525 DAYFLOWER BLVD.
WESLEY CHAPEL, FL 33544

SUBJECT: DESERT KNIGHT ARABIAN FARMS INC
Ref. Number: P02000012964

We have received your document for DESERT KNIGHT ARABIAN FARMS INC and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson
Document Specialist

Letter Number: 604A00023624