

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000064762

1. Entity Name
MCKNIGHT & MCKNIGHT, P.A.



Principal Place of Business
11302 CYPRESS RESERVE DR.
TAMPA, FL 33626

Mailing Address
11302 CYPRESS RESERVE DR.
TAMPA, FL 33626

DO NOT WRITE IN THIS SPACE



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0452050

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCKNIGHT, ROBERT
11302 CYPRESS RESERVE DR.
TAMPA, FL 33626

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MCKNIGHT, ROBERT J
11302 CYPRESS RESERVE DR.
TAMPA, FL 33626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCKNIGHT, HEATHER J
11302 CYPRESS RESERVE DR.
TAMPA, FL 33626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000271777
03/21/05-80063-001 150.00

**DO NOT WRITE
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

x 3/14/05