
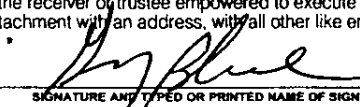


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

06-05-2007 90011 024 \*\*\*158.75

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # P02000074870</b><br>1. Entity Name<br><b>BLUE KNIGHT AND ASSOCIATES INC.</b>   |   |   |   |   |  |
| Principal Place of Business<br><b>5854 NORWOOD AVE<br/>JACKSONVILLE, FL 32208</b>  |   |   | Mailing Address<br><b>5854 NORWOOD AVE<br/>JACKSONVILLE, FL 32208</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |  |  |
| City & State   |   | City & State  |   | 4. FEI Number<br><b>13-4203249</b>   |  |
| Zip  |   | Country   |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI, FL 33145</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>IN ACCORDANCE WITH § 607.193 (2)(b) F.S. THE CORPORATION DID NOT RECEIVE THE PRIOR NOTICE</b> </div> <div style="width: 50%; text-align: right;"> <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> </div> </div>   |   |   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PSTD<br/>KNIGHT, MICHAEL<br/>2010 N MAIN STREET<br/>JACKSONVILLE, FL 32206</b> <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V<br/>KNIGHT MICHAEL JR<br/>2010 N MAIN ST<br/>JACKSONVILLE FL 32206</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>BLUE, GREGORY<br/>10905 LYDIA ESTATES DR EAST<br/>JACKSONVILLE, FL 32218</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>BLUE GREGORY<br/>10629 ACADEMY PARK DR<br/>JACKSONVILLE FL 32218</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |   |   |   |  |  |
| <b>SIGNATURE:</b>   |   |   | <b>5/28/07 904 838 5080</b><br><small>Date Daytime Phone #</small>  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |   |  |  |