

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 DEC -6 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092189

1. Entity Name
KNIGHT'S CONSTRUCTION, INC.



Principal Place of Business
16802 S.W. MORGAN ST.
INDIANTOWN, FL 34956

Mailing Address
P O BOX 1968
INDIANTOWN, FL 34956



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12022004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
02-0656356

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNIGHT, ARCIE D
16802 S.W. MORGAN STREET
INDIANTOWN, FL 34956

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME KNIGHT, ARCIE D ☐ Delete
STREET ADDRESS P O BOX 1968
CITY-ST-ZIP INDIANTOWN, FL 34956

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

TITLE O ☒ Delete
NAME FISCHER, CLIFF T
STREET ADDRESS 16802 SW MORGAN ST.
CITY-ST-ZIP INDIANTOWN, FL 34956

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Sally K. Hubbard
CITY-ST-ZIP P.O. BOX 1968
INDIANTOWN, FL 34956

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Arcie D. Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12.2.04 772-597-5377