

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90008 046 ***150.00

DOCUMENT # P03000109844



1. Entity Name
KIGHT'S HOME IMPROVEMENT CONSULTANTS INC.

Principal Place of Business
**8662 2ND AVENUE
JACKSONVILLE, FL 32208**

Mailing Address
**8662 2ND AVENUE
JACKSONVILLE, FL 32208**

24084705



2. Principal Place of Business
1817 W. 24th Street
Suite, Apt. #, etc.

3. Mailing Address
1817 W. 24th Street
Suite, Apt. #, etc.

08242004 Chg-P CR2E034 (10/03)

City & State
Jacksonville, FL
Zip
32209
Country
USA

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Jacksonville, FL
Zip
32209
Country
USA

4. FEI Number
59-3683853

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIGHT, STANLEY D
8662 2ND AVENUE
JACKSONVILLE, FL 32208**

7. Name and Address of New Registered Agent

Name **Kight, Stanley D.**
Street Address (P.O. Box Number is Not Acceptable)
1817 W. 24th Street
City **Jacksonville** **FL** Zip Code **32209**

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

Stanley D. Kight

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **KIGHT, STANLEY DAVIS**
STREET ADDRESS **8662 2ND AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Kight, Stanley Davis**
STREET ADDRESS **1817 W. 24th Street**
CITY-ST-ZIP **Jacksonville, FL 32209**

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

TITLE ☐ Change ☐ Addition
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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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley D. Kight
9/8/04

Date

Daytime Phone #