


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90002 033 ***150.00

DOCUMENT # P03000119955

1. Entity Name
MICHAEL KNIGHT PAINTING, INC.



Principal Place of Business Mailing Address

10023 BELLE RIEVE BLVD., #924 10023 BELLE RIEVE BLVD., #924
 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

2. Principal Place of Business 3. Mailing Address

1846 New Berlin Rd 1846 New Berlin Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Jacksonville, Florida Jacksonville, FL

Zip Country Zip Country

32218 U.S.A. 32218 U.S.A.



07082004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

200345818 Not Applicable

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

8. Name and Address of Current Registered Agent

KNIGHT, MICHAEL
 10023 BELLE RIEVE BLVD., #924
 JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

1846 New Berlin Rd

City State Zip Code

Jacksonville, FL 32218

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNIGHT, MICHAEL			NAME			
STREET ADDRESS	10023 BELLE RIEVE BLVD., #924			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256			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)(l), 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: Michael Knight 8-11-04 904-210-5847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #