


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-12-2004 90002 033 \*\*\*150.00

<b>DOCUMENT # P03000119955</b>	
1. Entity Name <b>MICHAEL KNIGHT PAINTING, INC.</b>	

Principal Place of Business <b>10023 BELLE RIEVE BLVD., #924 JACKSONVILLE, FL 32256</b>	Mailing Address <b>10023 BELLE RIEVE BLVD., #924 JACKSONVILLE, FL 32256</b>
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2. Principal Place of Business <b>1846 NEW BERLIN Rd</b>	3. Mailing Address <b>1846 NEW BERLIN Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE, Florida</b>	City & State <b>JACKSONVILLE, FL</b>
Zip <b>32218</b>	Country <b>U.S.A.</b>
Zip <b>32218</b>	Country <b>U.S.A.</b>



07082004 Chg-P CR2E034 (10/03)

4. FEI Number <b>200345818</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>KNIGHT, MICHAEL 10023 BELLE RIEVE BLVD., #924 JACKSONVILLE, FL 32256</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1846 NEW BERLIN Rd</b> City <b>JACKSONVILLE, FL</b> Zip Code <b>32218</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KNIGHT, MICHAEL 10023 BELLE RIEVE BLVD., #924 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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:** Michael Knight **8-11-04** **904-210-5847**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #