

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90006 021 ***150.00

DOCUMENT # P03000121802

1. Entity Name
KNIGHT POWER, INC.



Principal Place of Business
**C/O MCLUSKEY 7 MCDONALD, P.A.
9130 S DADELAND BLVD SUITE 1901
MIAMI, FL 33156**

Mailing Address
**C/O MCLUSKEY 7 MCDONALD, P.A.
9130 S DADELAND BLVD SUITE 1901
MIAMI, FL 33156**

50058380



2. Principal Place of Business
c/o McLuskey & McDonald

3. Mailing Address
c/o McLuskey & McDonald

Suite, Apt. #, etc.
8821 S.W. 69 Court

Suite, Apt. #, etc.
8821 S.W. 69 Court

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33156

Country
Dade

Zip
33156

Country
Dade

07132005 Chg-P CR2E034 (10/03)

4. FEI Number
26-0080601

Applied For
☐ Not Applicable

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

**MCLUSKEY, JOHN W ESQ
C/O MCLUSKEY 7 MCDONALD, P.A.
9130 S DADELAND BLVD SUITE 1901
MIAMI, FL 33156**

Name
John W. McLuskey McLuskey &
Street Address (P.O. Box Number is Not Acceptable)
McDonald - 8821 S.W. 69 Ct.
The Barrister Building
City
Miami FL Zip Code
33156

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

John W. McLuskey

7/13/05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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
D ☐ Delete
NAME
KILLMER, JOHN R
STREET ADDRESS
9130 S DADELAND BLVD SUITE 1901
CITY-ST-ZIP
MIAMI, FL 33156

TITLE
D ☐ Change ☐ Addition
NAME
Killmer, John R.
STREET ADDRESS
8821 S.W. 69 Court, Miami, FL
CITY-ST-ZIP
33156 ☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

John R. Killmer, D.

7/19/05

736-271-5739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #