


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90045 043 ***150.00

DOCUMENT # P03000125022	
1. Entity Name KNIGHT A/C CO., INC.	

Principal Place of Business 1958 SE PT. ST LUCIE BLVD PT. ST LUCIE, FL 34952	Mailing Address 1958 SE PT. ST LUCIE BLVD PT. ST LUCIE, FL 34952
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2. Principal Place of Business 3031 SW Blout Ct.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pt. St. Lucie, FL	City & State
Zip 34953	Country USA

6. Name and Address of Current Registered Agent RIZZOLO, JAMES 1958 SE PT. ST LUCIE BLVD PT. ST LUCIE, FL 34952	
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01312005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0387498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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: Ronnie Knight (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ronnie L. Knight 3031 SW Blout Ct. Pt. St. Lucie, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Debra K. Knight 3031 SW Blout Ct. Pt. St. Lucie, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: Ronnie K. Knight **2-11-05** **772-336-5066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #