

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000126682

1. Entity Name
JKKNIGHT PAINTING, INC.



Principal Place of Business
2065 LAVALLEY LANE
DELAND, FL 32720

Mailing Address
2065 LAVALLEY LANE
DELAND, FL 32720

FILED
05 JUL -5 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

818 W. Church St
Suite, Apt. #, etc.

3. Mailing Address

818 W. Church St
Suite, Apt. #, etc.

City & State

DELAND FL

City & State

DELAND, FL

Zip

32720

Country

USA

Zip

32720

Country

USA

03172005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0372804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, BRENDA
2065 LAVALLEY DRIVE
DELAND, FL 32720

7. Name and Address of New Registered Agent

Name

JAMES Knight, Sr

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

818 W. Church St

City

DELAND

FL

Zip Code

32720

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

James M. Knight

(NOTE: Registered Agent signature required when reinstating)

6/30/05

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KNIGHT, JAMES	
STREET ADDRESS	2065 LAVALLEY LANE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KNIGHT, BRENDA	
STREET ADDRESS	2065 LAVALLEY DRIVE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES Knight, Sr	
STREET ADDRESS	818 W. Church St	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YVONNE E. Knight	
STREET ADDRESS	818 W. Church St	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YVONNE E Knight	
STREET ADDRESS	818 W. Church St	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES Knight, Sr	
STREET ADDRESS	818 W. Church St	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

James M. Knight

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. Knight, PRESIDENT

6/30/05 4074675141

Date

Daytime Phone #