

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90090 049 ***158.75

DOCUMENT # P04000126959

1. Entity Name

JOHN KNIGHT CONSTRUCTION CONSULTANT, INC



Principal Place of Business

1807 52ND STREET SOUTH
GULFPORT FL 33707
US

Mailing Address

1807 52ND STREET SOUTH
GULFPORT FL 33707
US

50021852



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2625 1/2 - 4th Av. S

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 16406

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33712

Country

FLORIDA

Zip

33733

Country

FLORIDA

4. FEI Number

201619720

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, JOHN W
1807 52ND STREET SOUTH
GULFPORT FL 33707

7. Name and Address of New Registered Agent

Name JOHN W. KNIGHT

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

2625 1/2 - 4th Av So.

City

ST. PETERSBURG

FL

Zip Code

33733

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/25/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/S	<input type="checkbox"/> Delete
NAME	KNIGHT, JOHN W	
STREET ADDRESS	1807 52ND STREET SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	

TITLE	1ST VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	RICHARD TURNER	
STREET ADDRESS	4102 - SAILFISH DR. S.E.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	

TITLE	2ND VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	SHIRLEY BELCON	
STREET ADDRESS	13812 MOUNTAIN RD.	
CITY-ST-ZIP	THONOTOSASSA, FL 33592	

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	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, JOHN W.	
STREET ADDRESS	2625 1/2 - 4th Av So.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33733	

TITLE	1ST VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD TURNER	
STREET ADDRESS	4102 - SAILFISH DR. S.E.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	

TITLE	2ND VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIRLEY BELCON	
STREET ADDRESS	13812 MOUNTAIN ROAD	
CITY-ST-ZIP	THONOTOSASSA, FL 33592	

TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN FARMOR	
STREET ADDRESS	2625 - 1/2 Ave So	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	

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:

[Signature]

JOHN W. KNIGHT

2/25/05

727-776-7165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #