2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90297 019 ***150.00

DOCUMENT # P04000159180

1. Entity Name
THE KNIGHT SCHOOL, INC.

Principal Place of Business	Mailing Address
203 N. FRANKLIN BLVD TALLAHASSEE, FL 32301	203 N. FRANKLIN BLVD TALLAHASSEE, FL 32301

04152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 10426 Suite, Apt. #, etc.
City & State	City & State Tallahassee FL
Zip / Country	Zip 32302 / Country USA

4. FEI Number — ☒ 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
SIBSON-DOVE, JOYCE 203 N. FRANKLIN BLVD TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BEIBER, LYNN		NAME	
STREET ADDRESS	5196 OAKDALE CT		STREET ADDRESS	
CITY-ST-ZIP	PLEASANTON, CA 94588		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BEIBER, STANLEY		NAME	
STREET ADDRESS	5196 OAKDALE CT		STREET ADDRESS	
CITY-ST-ZIP	PLEASANTON, CA 94588		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOGAN, EVELYN		NAME	
STREET ADDRESS	2525 ARAPAHOE #E4318		STREET ADDRESS	
CITY-ST-ZIP	BOULDER, CO 80302		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCKENNA, ALEXIS		NAME	
STREET ADDRESS	1123 S. 6TH ST		STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE, OR 97351		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SIBSON DOVE, JOYCE		NAME	
STREET ADDRESS	P.O. BOX 10426		STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32302		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOVE, JAMES		NAME	
STREET ADDRESS	P.O. BOX 10426		STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32302		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: _____ 4/15/05 850-224111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #