

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90241 011 ***150.00

DOCUMENT # P04000159180 1. Entity Name THE KNIGHT SCHOOL, INC.			
Principal Place of Business 203 N. FRANKLIN BLVD TALLAHASSEE FL 32301		Mailing Address P O BOX 10426 TALLAHASSEE FL 32301	
2. Principal Place of Business 101 N Madison		3. Mailing A P.O. Box 10426	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Quincy FL		City & State Tallahassee FL	
Zip 32351		Zip 32302	
Country USA		Country USA	
4. FEI Number 51-0579284		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIBSON DOVE, JOYCE 203 N. FRANKLIN BLVD TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Joyce Sibson Dove Street Address (P.O. Box Number is Not Acceptable) 101 N. Madison St City Quincy FL Zip Code 32351	
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 4/26/06 <small>Signature, typed or printed name of registered agent and legal applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BEIBER, LYNN 5196 OAKDALE CT PLEASANTON CA 94588	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BEIBER, STANLEY 5196 OAKDALE CT PLEASANTON CA 94588	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LOGAN, EVELYN 2525 ARAPAHOE #E4318 BOULDER CO 80302	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MCKENNA, ALEXIS 1123 S. 6TH ST INDEPENDENCE OR 97351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SIBSON DOVE, JOYCE P.O. BOX 10426 TALLAHASSEE FL 32302	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DOVE, JAMES P.O. BOX 10426 TALLAHASSEE FL 32302	<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 exemptions contained in Section 119, 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:		4/30/06 8502241111	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	