

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90002 025 ***158.75

DOCUMENT # P05000052582 1. Entity Name KNIGHT'S CUSTOM SERVICES, INC.																											
Principal Place of Business 1121 PINWOOD DR. NE PALM BAY, FL 32905		Mailing Address 1121 PINWOOD DR. NE PALM BAY, FL 32905																									
2. Principal Place of Business 1121 Pinewood Dr. NE, P.O. Box 60066		3. Mailing Address P.O. Box 60066																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State Palm Bay, Florida		City & State Palm Bay, Florida																									
Zip 32905		Zip 32906-0066																									
Country U.S.A.		Country U.S.A.																									
4. FEI Number 03-0562791		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KNIGHT, ROGER 2087-A SARNO RD. MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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: <u>Roger Knight</u> <u>8/12/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KNIGHT, ROGER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1121 PINWOOD DR. NE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY, FL 32905</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	KNIGHT, ROGER		STREET ADDRESS	1121 PINWOOD DR. NE		CITY-ST-ZIP	PALM BAY, FL 32905		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Roger Knight</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>08/12/06</u> <u>321-726-0454</u> <small>Date Daytime Phone #</small>																									