


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90030 049 ***150.00

C0009976



DOCUMENT # P05000056681	
1. Entity Name KNIGHT DESIGN, INC.	

Principal Place of Business % STEVEN W. MOORE, P.A. 8200 BRYAN DAIRY ROAD, SUITE 300 LARGO, FL 33777	Mailing Address % STEVEN W. MOORE, P.A. 8200 BRYAN DAIRY ROAD, SUITE 300 LARGO, FL 33777
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2. Principal Place of Business 65 DOLPHIN DRIVE Suite, Apt. #, etc.	3. Mailing Address 65 DOLPHIN DRIVE Suite, Apt. #, etc.
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City & State TREASURE ISLAND, FL	City & State TREASURE ISLAND, FL
Zip 33706-3113	Zip 33706-3113
Country USA	Country USA

01132006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2713221	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOORE, STEVEN M 8200 BRYAN DAIRY ROAD SUITE 300 LARGO, FL 33777

7. Name and Address of New Registered Agent Name NANCY-KNIGHT Street Address (P.O. Box Number is Not Acceptable) 65 DOLPHIN DRIVE City TREASURE ISLAND FL Zip Code 33706

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>Nancy Knight, President</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 1/30/06
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, NANCY G 65 DOLPHIN DRIVE TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Nancy Knight</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1/30/06 727-798-2828
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