


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000063785

1. Entity Name
 KNIGHT'S NURSERY, INC.



Principal Place of Business Mailing Address

3590 W. KELLY PARK RD 3590 W. KELLY PARK RD
 APOPKA, FL 32712 APOPKA, FL 32712



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2512554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, SETH D
 3590 W. KELLY PARK RD
 APOPKA, FL 32712

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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 Seth D Knight President 3/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000858334
 04/01/08-80041-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KNIGHT, SETH
STREET ADDRESS	3590 W KELLY PARK
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	ST
NAME	KNIGHT, ILA
STREET ADDRESS	3590 W KELLY PRK RD
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Seth Knight 3/11/08 407-851-8540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #