

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000063785

Entity Name: KNIGHT'S NURSERY, INC.

**FILED**  
**Apr 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3590 W. KELLY PARK RD  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

3590 W. KELLY PARK RD  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 56-2512554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KNIGHT, SETH D  
Address: 3590 W KELLY PARK RD  
City-St-Zip: APOPKA, FL 32712

Title: ST  
Name: KNIGHT, ILA  
Address: 3590 W KELLY PRK RD  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SETH D. KNIGHT

P

04/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date