2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104332

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FILED Mar 24, 2009 Secretary of State

Entity Name: BILL KNIGHT INSURANCE AGENCY, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
301 SUN STE A	IRISE BLVD			
T PIERC	E, FL 34982			
Current Mailing Address:		New Mailing Address:		
TE A	IRISE BLVD CE, FL 34982			
	r: 20-5694771	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
301 SUN TE A	JR., WILLIAM C IRISE BLVD CE, FL 34982 (
he above	e named entity	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above the Stat	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above	e named entity e of Florida. RE:			
he above the State	e named entity te of Florida. RE: Electror	nic Signature of Registered Ag		ed office or registered agent, or both, Date
he above the State	e named entity te of Florida. RE: Electror			
he above the Stati IGNATU	e named entity te of Florida. RE: Electror	nic Signature of Registered Agg	ent	
he above the Stati IGNATU	e named entity te of Florida. RE: Electror Impaign Financin	nic Signature of Registered Agg Trust Fund Contribution (). TORS:) Delete IAM J JR E BLVD STE A	ent	Date
he above the State GNATU Jection Ca DFFICER itle: ame: ddress:	e named entity to of Florida. RE: Electron Electron S AND DIREC P (KNIGHT, WILL) 2301 SUNRISE FORT PIERCE	nic Signature of Registered Agg g Trust Fund Contribution (). TORS:) Delete IAM J JR E BLVD STE A , FL 34982) Delete IAM J JR E BLVD STE A	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM J. KNIGHT JR. PRES 03/24/2009