

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000093765

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE KNIGHT SALES GROUP, INC

Current Principal Place of Business:

5414 TOWN N COUNTRY BLVD
TAMPA, FL 33615

New Principal Place of Business:

6601 MEMORIAL HIGHWAY
SUITE 301
TAMPA, FL 33615

Current Mailing Address:

5414 TOWN N COUNTRY BLVD
TAMPA, FL 33615

New Mailing Address:

6601 MEMORIAL HIGHWAY
SUITE 301
TAMPA, FL 33615

FEI Number: 26-3561425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, CHARLES D
5414 TOWN N COUNTRY BLVD
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

KNIGHT, CHARLES D
6601 MEMORIAL HIGHWAY
SUITE 301
TAMPA, FL 33615 US

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:

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNIGHT, CHARLES D
Address: 5414 TOWN N COUNTRY BLVD
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: KNIGHT, CHRISTINA E
Address: 4101 CAUSEWAY VISTA DR
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: KNIGHT, JOSHUA M
Address: 4101 CAUSEWAY VISTA DR
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KNIGHT, CHARLES D
Address: 6601 MEMORIAL HIGHWAY
City-St-Zip: TAMPA, FL 33615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTINA KNIGHT

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date