


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90016 014 ***150.00

DOCUMENT # P93000018531 1. Entity Name EDWARD B. KNIGHT, P.A.	
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Principal Place of Business 336 DUVAL STREET KEY WEST, FL 33040	Mailing Address 336 DUVAL STREET KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE

40023013



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0397328	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	
SPOTTSWOOD, ROBERTA 500 FLEMING STREET KEY WEST, FL 33040	Knight, Edward B 336 Duval St. Key West, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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 Edward B. Knight (NOTE: Registered Agent signature required when reinstating) DATE 2/19/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, EDWARD B 336 DUVAL STREET KEY WEST, FL 33040
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**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: Edward B. Knight DATE 2/19/07 (305) 294-0623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #