


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2005 08:00 AM
Secretary of State

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|--|---------------------------|---|--|--|--|-------|------|---------------------------------|------|-----------------|--|----------------|--------------------|--|-----------------|-----------------------|--|-------|---------------|---|------|---------------------------|--|----------------|--|--|-----------------|--|--|
| DOCUMENT # P93000025679 1. Entity Name KNIGHT'S PROPERTY DAMAGE APPRAISERS, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 230 ARLINGTON RD N JACKSONVILLE FL 32211 US | | | Mailing Address 230 ARLINGTON RD N JACKSONVILLE FL 32211 US | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | Country | Zip | Country | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 4. FEI Number 59-3175195 | | | | | | | | | | | | | | | | | | | | | | | | | |
| KNIGHT, KRISTY 230 ARLINGTON RD NORTH JACKSONVILLE FL 32211 | | | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 7. Name and Address of New Registered Agent | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <i>Kristy Knight</i> 3/8/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DVST</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KNIGHT, TIMOTHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>230 ARLINGTON RD N</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE FL 32211</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">U000000261085</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>03/12/05-80050-018 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> | | | | | | TITLE | DVST | <input type="checkbox"/> Delete | NAME | KNIGHT, TIMOTHY | | STREET ADDRESS | 230 ARLINGTON RD N | | CITY - ST - ZIP | JACKSONVILLE FL 32211 | | TITLE | U000000261085 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 03/12/05-80050-018 150.00 | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | DVST | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | KNIGHT, TIMOTHY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 230 ARLINGTON RD N | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | JACKSONVILLE FL 32211 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | U000000261085 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | 03/12/05-80050-018 150.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Kristy Knight</i> 3/8/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |