

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000091140

1. Entity Name
KNIGHT FINANCIAL CORP.



Principal Place of Business
**2808 TARFLOWER WAY
NAPLES, FL 33942**

Mailing Address
**9900 BELWARD CAMPUS DR
SUITE 175
ROCKVILLE, MD 20850**



DO NOT WRITE IN THIS SPACE

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0628322

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANLEY, C. ROBERT
2808 TARFLOWER WAY
NAPLES, FL 33942**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

**P
HANLEY, C. ROBERT
2808 TARFLOWER WAY
NAPLES, FL 33942**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
HANLEY, DANIEL
13325 MANOR STONE DRIVE
GERMANTOWN, MD 20874**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SV
BEACHAM, LINDA
102 OAK KNOLL TER
ROCKVILLE, MD 20850**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/03/05-80075-008 150.00

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: *Linda Beacham* LINDA BEACHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (240)314-0133

Date

Daytime Phone #