
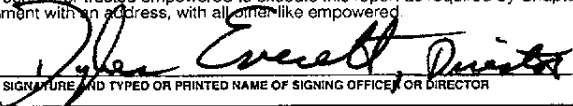


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000008991		
1. Entity Name KNIGHTSBRIDGE DEVELOPMENT CORPORATION		
Principal Place of Business 250 PARK AVENUE SOUTH 5TH FLOOR WINTER PARK, FL 32789	Mailing Address 250 PARK AVENUE SOUTH 5TH FLOOR WINTER PARK, FL 32789	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EVERETT, DYKES C 250 PARK AVENUE SOUTH 5TH FLOOR WINTER PARK, FL 32789		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	FAGAN, WILLIAM W	
STREET ADDRESS	1152 SOLANA AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	
NAME	EVERETT, DYKES C	
STREET ADDRESS	250 PARK AVE S 5TH FLOOR	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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)(i), 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 officer-like empowered.		
SIGNATURE: 		3-2-04407246 8665
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3436045

Applied For
Not Applicable

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

000000134557
04/28/04-80025-004 150.00

**DO NOT WRITE
IN THIS SPACE**