

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055233

FILED  
Apr 04, 2004  
Secretary of State

Entity Name: KNIGHT CONFECTIONS, INC.

## Current Principal Place of Business:

200 PALM AVENUE EAST  
NOKOMIS, FL 34275 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1443  
NOKOMIS, FL 34274

## New Mailing Address:

FEI Number: 65-0761492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERLIN, JENNIFER D  
200 PALM AVE E  
NOKOMIS, FL 34275 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: BERLIN, JENNIFER  
Address: 200 PALM AVE., EAST  
City-St-Zip: NOKOMIS, FL 34275

Title: PT ( ) Delete  
Name: BERLIN, JENNIFER D  
Address: 200 PALM AVE E  
City-St-Zip: NOKOMIS, FL 34275

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: JENNIFER D BERLIN

PRES

04/04/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date