## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 23, 2007 8:00 am DOCUMENT # P97000062182 **Secretary of State** 03-23-2007 90021 020 \*\*\*150.00 KNIGHT ENTERPRISES OF SARASOTA, INC. Principal Place of Business Mailing Address 110 N LIME AVE SARASOTA FL 34237 110 N LIME AVE SARASOTA FL 34237 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0770232 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KNIGHT, JOHN D 110 N LIME AVE SARASOTA FL 34237 8. The above named entity submits this statement for the purpose of changing its registered office or both, in the State of Florida. I am familiar the obligations of registered FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE HILE ☐ Change **Addition** Delete STONE, ROBERT J. KNIGHT, JOHN D NAME 110 N LIME AVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34237 CITY-ST-78P C#TY - S1 - ZIP TITLE □ Delete III Addition KNIGHT, BARBARA A NAME NAME 110 N LIME AVE STREET ADDRESS STREET ADORESS SARASOTA FL 34237 CHY-SI-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition STONE, TERESA K 110 N LIME AVE STREET ADDRESS STREET ADDRESS OTTY ST-ZIE SARAGOTA FL 04237 CiTy - St - 7/2 ☐ Delete THILE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete THLE TILE ☐ Change Addition NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP 71111 ☐ Delete THE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 attactpreprit with an address, with all other like empowered.

FILED