

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P98000096464

1. Entity Name
KNIGHTS' ENTERPRISES, INC.



Principal Place of Business
**6750 BUNKER HILL CIRCLE
PENSACOLA, FL 32506-5736**

Mailing Address
**POB 36324
PENSACOLA, FL 32516-6324**



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3544151	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KNIGHT, DAVE L
6750 BUNKER HILL CIRCLE
PENSACOLA, FL 32506-5736**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

110000096464

05/01/08-80015-003 150.00

10. OFFICERS AND DIRECTORS

TITLE P	NAME KNIGHT, DAVE
STREET ADDRESS 6750 BUNKER HILL CIRCLE	
CITY-ST-ZIP PENSACOLA, FL 325065736	

TITLE VP	NAME KNIGHT, RITA B
STREET ADDRESS 6750 BUNKER HILL CIRCLE	
CITY-ST-ZIP PENSACOLA, FL 325065736	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: DAVE KNIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/2008

Date

850-456-6260

Daytime Phone #