2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 15, 2004 8:00 am Secretary of State DOCUMENT # P99000033105 1. Entity Name 04-15-2004 90039 016 ***150 00 KNIGHT & LEMAY ENTERPRISES, INC. Principal Place of Business Mailing Address 1485A S. FAIRFIELD DR. PENSACOLA FL 32507 1485A S. FAIRFIELD DR. 24043385 PENSACOLA FL 32507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE . CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3570894 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KNIGHT, DAVE Street Address (P.O. Box Number is Not Acceptable) 1485A S. FAIRFIELD DR. PENSACOLA FL 32507 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE PD TITLE ☐ Delete Addition NAME KNIGHT, DAVE L NAME STREET ADDRESS 1485 A S FAIRFIELD DR STREET ADDRESS PENSACOLA FL 32507 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME LEMAY, MICHAEL NAME 1418 MOON LIGHT DRIVE STREET ADDRESS STREET ADDRESS CITY - ST- ZIP PENSACOLA FL 32533 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-04 850-456-6260
Date Dayline Phone #

FILED