

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90445 032 ***150.00

DOCUMENT # P99000057168

1. Entity Name
KNIGHT PERSONNEL, INC.



Principal Place of Business
**3113 BEACH BLVD.
JACKSONVILLE, FL 32207**

Mailing Address
**3113 BEACH BLVD.
JACKSONVILLE, FL 32207**

60051543



04242006 No Chg P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. Filing Number **59-3582467** **59-3582467** Applied Fee
Not Applicable
5. Certificate of Status Due Date ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KNIGHT, LEE
3113 BEACH BLVD.
JACKSONVILLE, FL 32207**

**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

Notarize registered agent, notary required, separate notary application

Notarize registered agent, notary required, separate notary application

Notarize

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME **P**
KNIGHT, LEE
STREET ADDRESS **3113 BEACH BLVD**
CITY-STATE-ZIP **JACKSONVILLE, FL 32207**

NAME **B**
KNIGHT, VIRGINIA
STREET ADDRESS **3113 BEACH BLVD**
CITY-STATE-ZIP **JACKSONVILLE, FL 32207**

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions provided 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 president or authorized agent 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 exceptions noted.

SIGNATURE:

Lee Knight
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-24-06

President