


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000091361</b> 1. Entity Name <b>JAZZY KNIGHT, INC.</b>	
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Principal Place of Business <b>6995 66TH ST.,NO. PINELLAS PARK, FL 33781</b>	Mailing Address <b>6995 66TH ST.,NO. PINELLAS PARK, FL 33781</b>
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07012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3610426</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SCHOTT, BILL 7001 66TH ST.,N. PINELLAS PARK, FL 33781</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KNIGHTON, CRYSTAL 2101 HAMPTON DR. SAINT PETERSBURG, FL 33710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KNIGHTON, JEAN MICHELE 2101 HAMPTON DR. SAINT PETERSBURG, FL 33710</b>
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U00000673011  
07/15/05-80007-U006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *X Michele Knighton* *Michele Knighton 7/12/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727 546 0887