


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90048 025 ***150.00

DOCUMENT # P99000101208

1. Entity Name
HARRY B. KNIGHTS, INC.



Principal Place of Business Mailing Address

~~6363 99TH WAY N 12A~~ ~~6363 99TH WAY N 12A~~
~~12A~~ 12A
SAINT PETERSBURG, FL 33708 **SAINT PETERSBURG, FL 33708**

40050629



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

133 Mansker Park Dr. **133 Mansker Park Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

02182008 Chg-P CR2E034 (12/06)

City & State City & State

Hendersonville, TN **Hendersonville, TN**

4. FEI Number Applied For

59-3604011 Not Applicable

Zip Country Zip Country

37075 **USA** **37075** **USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNIGHTS, HARRY B III
3820 GULF BOULEVARD, #208
12A
ST. PETE BEACH, FL 33706

7. Name and Address of New Registered Agent

Name **T. Samantha Chechek**
 Street Address (P.O. Box Number is Not Acceptable) **5625 Central Av.**
 City **st. Petersburg** FL Zip Code **33710**

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 *T. Chechek* DATE **2/18/08**

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

10. OFFICERS AND DIRECTORS

TITLE NAME	PTD KNIGHTS, HARRY B III	<input type="checkbox"/> Delete
STREET ADDRESS	6363 99TH WAY N 12A	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	
TITLE NAME	VSD KNIGHTS, CHRISTINE A	<input type="checkbox"/> Delete
STREET ADDRESS	6363 99TH WAY N 12A	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PTD 133 Mansker Park Dr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Hendersonville, TN	
CITY-ST-ZIP	37075	
TITLE NAME	VSD 133 Mansker Park Dr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Hendersonville, TN	
CITY-ST-ZIP	37075	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 *Harry B. Knights* DATE **2/2/08** DAYTIME PHONE # **727-492-3946**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #