

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S41816 1. Entity Name KNIGHT STORAGE TRAILER, INC.					
Principal Place of Business 8350 S.E. 3RD COURT OCALA FL 34480 US			Mailing Address 8350 S.E. 3RD COURT OCALA FL 34480 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3056962	
5. Certificates of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNIGHT, JACK 8350 SE 3RD CT. OCALA FL 34480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNIGHT, JACK 8350 S.E. 3RD COURT OCALA FL 34480	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNIGHT, HARRIET 8350 S.E. 3RD COURT OCALA FL 34480	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOODELLE, FLAINE 8350 S.E. 3RD COURT OCALA FL 34480	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, MARK 5150 10TH AVE NORTH - UNIT #101 ST. PETERSBURG FL 33710	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, DANA 8335 S. MAGNOLIA AVE. OCALA FL 34476	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Flaine Goodelle, Director, Secy. Treasure 1/27/06</u>					



1st MOORE CR2E034 (10/05)

Applied For
Not Applicable

5. Certificates of Status Desired ☐ \$8.75 Additional Fee Required

KNIGHT, JACK
8350 SE 3RD CT.
OCALA FL 34480

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
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