

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000063785

**Entity Name:** KNIGHT'S NURSERY, INC.

**Current Principal Place of Business:**

3590 W. KELLY PARK RD  
APOPKA, FL 32712

**Current Mailing Address:**

3590 W. KELLY PARK RD  
APOPKA, FL 32712

**FEI Number:** 56-2512554

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KNIGHT, SETH D  
3590 W. KELLY PARK RD  
APOPKA, FL 32712 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | P                    | Title           | ST                   |
| Name            | KNIGHT, SETH D       | Name            | KNIGHT, ILA          |
| Address         | 3590 W KELLY PARK RD | Address         | 3590 W KELLY PARK RD |
| City-State-Zip: | APOPKA FL 32712      | City-State-Zip: | APOPKA FL 32712      |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SETH KNIGHT

**PRESIDENT**

**03/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date