## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G20380

FILED Apr 25, 2005 Secretary of State

Entity Name: MICHAEL KNOTT RESIDENTIAL CONTRACTORS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	ILWORTH BLV , FL 33870	/D.		
Current Mailing Address:		New Mailing Address:		
	FICE BOX 143 , FL 33871143			
El Number	: 59-2249545	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:
129 SOUT	JM, JAMES F. TH COMMERC			
SEDKING	, FL 33870	US		
The above			ourpose of changing its registere	ed office or registered agent, or both,
The above	e named entity e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
The above n the Stat	e named entity e of Florida. RE:			ed office or registered agent, or both,  Date
The above n the Stat SIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the p		
The above n the Stat BIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the pair of the pair of the pair of Registered Agas of the state of Registered Agas of the pair of	ent	
The above n the Stat BIGNATU	e named entity e of Florida.  RE: Electrol mpaign Financin S AND DIREC	submits this statement for the particles of Registered Agree of Registered Agree of Trust Fund Contribution ( ).  TORS:  Delete MEL W.,	ent	Date
The above n the State SIGNATU  Election Ca  OFFICER  Vittle:  Vame:  Address:	e named entity e of Florida.  RE:  Electrol  mpaign Financin  S AND DIRECT  P ( KNOTT, MICH/ 1717 HYACINT SEBRING, FL	submits this statement for the particle Signature of Registered Aggrund Trust Fund Contribution ( ).  TORS:  Delete  LEL W.,  H AVENUE  Delete  E,	ADDITIONS/CHANG  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL KNOTT OWNE 04/25/2005