

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000005042

1. Entity Name
KNOWLES EXCAVATING AND CONCRETE INC.



Principal Place of Business
**6134 OCILLA LOOP
CLERMONT, FL 34711**

Mailing Address
**P.O. BOX 121065
CLERMONT, FL 34712**



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3616373** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KNOWLES, LYNN
6134 OCILLA LOOP
CLERMONT, FL 34711**

**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 *Lynn E Knowles / Pres*

3-21-06

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relocating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**100000481723
04/11/06-80045-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S KNOWLES, LYNN 6134 OCILLA LOOP CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNOWLES, JEFFREY L 6134 OCILLA LOOP CLERMONT, FL 34711
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**DO NOT WRITE
IN THIS SPACE**

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 in an attachment with an address, with all other like empowered.

SIGNATURE: Lynn E Knowles LYNN Knowles 3-21-06 352-243-3193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #