2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P00000005042

Entity Name: KNOWLES EXCAVATING AND CONCRETE INC.

Current Principal Place of Business:

6134 OCILLA LOOP
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 121065
CLERMONT, FL 34712

New Mailing Address:

6134 OCILLA LOOP
CLERMONT, FL 34714

FEI Number: 59-3616373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOWLES, LYNN
6134 OCILLA LOOP
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: KNOWLES, LYNN
Address: 6134 OCILLA LOOP
City-St-Zip: CLERMONT, FL 34714

Title: V ( ) Delete
Name: KNOWLES, JEFFREY L
Address: 6134 OCILLA LOOP
City-St-Zip: CLERMONT, FL 34714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LYNN KNOWLES PRES 04/29/2009

Electronic Signature of Signing Officer or Director Date