FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2007 8:00 am
Secretary of State
06-04-2007 90011 038 ***150.00

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1. Entity Name
KNOLLIE + MILDRED, INC

DO NOT WRITE IN THIS SPACE

40119512

CR2E034B (8/05)

2. Principal Place of Business		3. Mailing Address	
5005 TOURAINE DR		5005 TOURAINE DR	
Suite, Apt. #, etc. TALLAHASSEE FL		Suite, Apt. #, etc.	
City & State		City & State TALLAHASSEE, FL	
Zip 32308	Country LEON	Zip 32308	Country LEON

4. FEI Number 59-3642433 ☒ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name CAROLYN D. CUMMINGS
Street Address (P.O. Box Number is Not Acceptable) 5005 TOURAINE DR.
City TALL **FL** Zip Code 32308

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEORGE WARREN DAVIS 6183 OLIVERA COURT CHINO CA 91710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZELEDER DAVIS BARNES 383 MAGNOLIA STREET BILOXI, MS. 39530	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn D. Cummings 5/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #