

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067459

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: KNOT AVAILABLE,INC

**Current Principal Place of Business:**

230 WOODLAWN DRIVE  
PANAMA CITY, FL 32407

**New Principal Place of Business:**

20414 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

230 WOODLAWN DRIVE  
PANAMA CITY, FL 32407

**New Mailing Address:**

20414 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32413

FEI Number: 68-0512452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEADOWS, DAVID M  
230 WOODLAWN DRIVE  
PANAMA CITY, FL 32407 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: P ( ) Delete  
Name: MEADOWS, DAVID M  
Address: 230 WOODLAWN DRIVE  
City-St-Zip: PANAMA CITY, FL 32407

Title: V ( ) Delete  
Name: MILES, REGGIE  
Address: 106 ROSE LANE  
City-St-Zip: PANAMA CITY, FL 32413

Title: ST ( ) Delete  
Name: DOZIER, BILL  
Address: 20414 FRONT BEACH ROAD  
City-St-Zip: PANAMA CITY, FL 32413

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: BILL DOZIER

ST

04/26/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date