

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000043537

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** KNOPF, INC.

**Current Principal Place of Business:**

421 NO DIXIE HWY  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

421 N DIXIE HWY  
LK WORTH, FL 33460 US

**New Mailing Address:**

**FEI Number:** 65-0672041      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ZARETSKY, RICHARD P  
1655 PALM BEACH LAKES BLVD  
SUITE 900  
LAKE WORTH, FL 33401 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: PTD ( ) Delete  
Name: KNOPF, LESLIE G  
Address: 421 NO. DIXIE HWY  
City-St-Zip: LAKE WORTH, FL 33460

Title: VPSD ( ) Delete  
Name: KNOPF, ANN  
Address: 421 NO DIXIE HWY  
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete  
Name: KNOPF, KYLE  
Address: 421 NO DIXIE HWY  
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete  
Name: KNOPF, KEITH  
Address: 421 NO DIXIE HWY  
City-St-Zip: LAKE WORTH, FL 33460

**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:

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: ANN P KNOPF

VPSD

04/26/2005

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

\_\_\_\_\_  
Date