

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APRIL 1

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000022291 1. Entity Name KNOEPFLE, INC.					
Principal Place of Business 4069 TAMiami TRAIL PORT CHARLOTTE FL 33952 US			Mailing Address 5072 KEY LARGO DRIVE PUNTA GORDA FL 33950 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0896589 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KNOEPFLE, DONALD W 5072 KEY LARGO DRIVE PUNTA GORDA FL 33950			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KNOEPFLE, JEAN A 5072 KEY LARGO DRIVE PUNTA GORDA FL 33950	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KNOEPFLE, DONALD W 5072 KEY LARGO DRIVE PUNTA GORDA FL 33950	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KNOEPFLE, ELIZABETH G 5072 KEY LARGO DRIVE PUNTA GORDA FL 33950	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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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)(f), 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 on an attachment with an address, with all other like empowered.			000000335114 04/27/05-80071-019 150.00		
SIGNATURE: <u>Donald W. Knopfle</u> DONALD W. KNOEPFLE			4/25/05 (941) 625-1011		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		