

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90016 011 ***150.00

DOCUMENT #.233290

1. Entity Name

KNOBLOCK'S DRAPERY SHOP, INC.



Principal Place of Business

**PO BOX 462
OCALA FL 34478-0462**

Mailing Address

**13682 S.E. 108TH CT. RD
OCKLAWAHA FL 32179**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-0897306**

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

**PHIL O. KNOBLOCK
24 NW 8TH STREET
OCALA FL 32670**

Name

Street Address (P.O. Box Number is Not Acceptable)

13682 SE 108TH CT RD

City **OCKLAWAHA**

FL

Zip Code **32179**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
KNOBLOCK, PHIL O
13682 S.E. 108 CT RD
OCKLAWAHA FL 32179**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**13682 SE 108TH CT RD
OCKLAWAHA, FL 32179**

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**ST
KNOBLOCK, BETTY
13682 S.E. 108TH CT. RD.
OCKLAWAHA FL 32179**

☐ Delete

TITLE
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CITY-ST-ZIP

**13682 SE 108TH CT. RD.
OCKLAWAHA, FL 32179**

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 3/2/08 *[Signature]*