

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 233290

FILED
Jan 09, 2009
Secretary of State

Entity Name: KNOBLOCK'S DRAPERY SHOP, INC.

Current Principal Place of Business:

PO BOX 462
OCALA, FL 344780462

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-0897306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOBLOCK, PHIL O
13682 SE 108TH CT 110
OCKLAWAHA, FL 32179 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: DP () Delete
Name: KNOBLOCK, PHIL O
Address: 13682 SE 108TH CT RD
City-St-Zip: OCKLAWAHA, FL 32179

Title: ST () Delete
Name: KNOBLOCK, BETTY
Address: 13682 SE 108TH CT RD.
City-St-Zip: OCKLAWAHA, FL 32179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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: PHIL O. KNOBLOCK

DP

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date