


2007 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 445814	
1. Entity Name KNABB LANDS, INC.	

Principal Place of Business 115 SOUTH FIFTH STREET % BERNICE K. YARBOROUGH MACCLENNY, FL 32063	Mailing Address 115 SOUTH FIFTH STREET MACCLENNY, FL 32063
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01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1543767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
KNABB, JR, JAMES W 115 SOUTH 5TH ST. MACCLENNY, FL 32063

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KNABB, JR., JAMES W
STREET ADDRESS	115 S. 5TH ST.
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	VPD
NAME	KNABB, WILLIAM W
STREET ADDRESS	115 S. 5TH ST.
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	S
NAME	HARRIS, DARLENE
STREET ADDRESS	115 S. 5TH ST.
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	D
NAME	MCCULLOUGH, CAROLYN
STREET ADDRESS	115 S FIFTH ST.
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	D
NAME	YARBOROUGH, MICHAEL
STREET ADDRESS	115 SOUTH FIFTH ST.
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	D
NAME	KNABB, EARL E
STREET ADDRESS	115 SOUTH 5TH ST.
CITY-ST-ZIP	MACCLENNY, FL 32063

<p>U00000614788 02/06/07-80046-002 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **1/30/07** **904 259 3201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #