

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 453986**

1. Entity Name  
**KNOPF & SONS BINDERY, INC.**



Principal Place of Business  
**1817 FLORIDA AVENUE  
JACKSONVILLE, FL 32206**

Mailing Address  
**1817 FLORIDA AVENUE  
JACKSONVILLE, FL 32206**



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1531243**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**KNOPF, RALPH J  
3641 EVE DR WEST  
JACKSONVILLE, FL 32246**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KNOPF, RALPH JAMES
STREET ADDRESS	1817 FLORIDA AVENUE
CITY-ST-ZIP	JACKSONVILLE,, FL 32206
TITLE	SD
NAME	KNOPF, RAYMOND E JR
STREET ADDRESS	1817 FLORIDA AVENUE
CITY-ST-ZIP	JACKSONVILLE,, FL 32206
TITLE	VD
NAME	KNOPF, RONALD W
STREET ADDRESS	1817 FLORIDA AVENUE
CITY-ST-ZIP	JACKSONVILLE,, FL 32206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000944243  
05/29/08-80091-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Ralph J Knopf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #