


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 458883
 1. Entity Name
 THE SEVEN KNOWLES CORPORATION.



Principal Place of Business Mailing Address
 2247 RIVER RIDGE ROAD 2247 RIVER RIDGE ROAD
 DELAND, FL 32720 DELAND, FL 32720

DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1549050 Not Applicable

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

6. Name and Address of Current Registered Agent
 KNOWLES, ROY V.
 2247 RIVER RIDGE ROAD
 DELAND, FL 32720

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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: Roy V Knowles DATE: 3/3/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOWLES, ROY V. 2247 RIVER RIDGE ROAD DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLES, ROBERT H 3402 G 7 RANCH RD. RUSKIN, FL
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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.

SIGNATURE: Roy V Knowles, Pres DATE: 3/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #