

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 841660 1. Entity Name THE FLORIDA KNIFE COMPANY	
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Principal Place of Business 1735 APEX ROAD SARASOTA, FL 34240	Mailing Address 1735 APEX ROAD SARASOTA, FL 34240
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01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1251184	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 JOHANNING, THOMAS P. 1735 APEX ROAD SARASOTA, FL 34240

**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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHANNING, THOMAS P 6407 JACKIE LYNN CT. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHANNING, THOMAS P 6407 JACKIE LYNN CT. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVENPORT, JACQUELINE C 1220 FRASER PINE BLVD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, JOHANNING M 2438 ICECAPADE DR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/07-80051-025 150.00

**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 Thomas P. Johanning **THOMAS P JOHANNING** 1-4-07 941-371-2104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #