

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000000085

1. Entity Name

VOLUNTEER KNIT APPAREL, INC.



Principal Place of Business

403 OLD KNOXVILLE HWY
NEW TAZEVELL, TN 37825

Mailing Address

403 OLD KNOXVILLE HWY
NEW TAZEVELL, TN 37825



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1334522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, CHRISTINE L
11014 NW 33RD STREET, STE 109
MIAMI, FL 33172

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000074376
03/03/04-80017-008 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME WEST, GARY
STREET ADDRESS 403 OLD KNOXVILLE HWY
CITY-ST-ZIP NEW TAZEVELL, TN

TITLE VST
NAME HARRIS, CHARLES
STREET ADDRESS 403 OLD KNOXVILLE HWY
CITY-ST-ZIP NEW TAZEVELL, TN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-04

Date

423 626 8000

Daytime Phone #