

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H16126

1. Entity Name

KNOWLES BOAT COMPANY



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 30 PM 1:03

Principal Place of Business

~~1050 NE DIXIE HWY~~  
~~JENSEN BEACH, FL 34957~~ US

9670 SE MUNICIPAL COURT

Mailing Address

5121 SE STERLING CIR  
STUART, FL 34997 US

STUART, FL 34997

**DO NOT WRITE IN THIS SPACE**



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2432753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KNOWLES WILLIAM L  
5121 SE STERLING CIR  
SUITE 600  
STUART, FL 34997

**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, 2006 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 KNOWLES, WILLIAM L.  
STREET ADDRESS 5121 SE STERLING CIR  
CITY-ST-ZIP STUART, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400065598724  
02/10/06--01080--020 \*\*200.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #