

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90005 009 \*\*\*\*50.00  
03-13-2008 90028 017 \*\*\*100.00

**DOCUMENT # H16126**

1. Entity Name  
**KNOWLES BOAT COMPANY**



Principal Place of Business  
**4670 SE MUNICIPAL COURT  
STUART, FL 34997 US**

Mailing Address  
**5121 SE STERLING CIR  
STUART, FL 34997 US**

**40044260**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

**KNOWLES WILLIAM L  
5121 SE STERLING CIR  
STUART, FL 34997**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **KNOWLES WILLIAM L**  
STREET ADDRESS **5121 SE STERLING CIR**  
CITY- ST- ZIP **STUART, FL 34997**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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: *William L. Knowles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/13/08*

ATTACHMENT

40044260

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## Annual Report Online Filing

Document Number H16126

Business Entity Name KNOWLES BOAT COMPANY

FEI Number 59 - 2432753

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution Yes ☒ No

## Principal Place of Business

Address 4670 SE MUNICIPAL COURT

(PO Box not acceptable)

Suite, Apt. #, etc.

City, State STUART FL

Zip Code &amp; Country 34997 US

## Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address 5121 SE STERLING CIR

Suite, Apt. #, etc.

City, State STUART FL

Zip Code &amp; Country 34997 US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA KNOWLES WILLIAM L

Street Address in Florida 5121 SE STERLING CIR

(PO Box not acceptable)

Suite, Apt. #, etc.

City, State STUART FL

34997

**Name And Address #4**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #5**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #6**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual signing this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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