

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M57479**

1. Entity Name  
**KNAUSS CRAFTSMAN, INC.**



Principal Place of Business  
**P.O. BOX 433  
MT DORA, FL 32756 US**

Mailing Address  
**P.O. BOX 433  
MT DORA, FL 32756 US**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0005936</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**5. Name and Address of Current Registered Agent**

**KNAUSS, KENNETH, R  
102 HILLSIDE DR  
EUSTIS, FL 32726-7616**

**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 Agents signature required when reinstating)

DATE \_\_\_\_\_

**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**

**U000000299880  
04/11/05-80125-021 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	KNAUSS, BETTY JEAN
STREET ADDRESS	102 HILLSIDE DR
CITY-ST-ZIP	EUSTIS, FL

TITLE	VD
NAME	KNAUSS, KEVIN
STREET ADDRESS	11038 MARTIN DR
CITY-ST-ZIP	LEESBURG, FL 34788

TITLE	PCD
NAME	KNAUSS, KENNETH R.
STREET ADDRESS	102 HILLSIDE DR
CITY-ST-ZIP	EUSTIS,

TITLE	VD
NAME	KNAUSS, DENNIS
STREET ADDRESS	1104 BERWYN RD
CITY-ST-ZIP	ORLANDO, FL 32806

TITLE	
NAME	
STREET ADDRESS	
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)(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:** \_\_\_\_\_

**Kenneth R Knauss 04/08/05 (352) 357-6986**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #