2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N51039

1. Entity Name
KNB FOR LIFE, INC.

Principal Place of Business	Mailing Address
4030 NE JOES POINT RD STUART, FL 34996	4030 NE JOES POINT RD STUART, FL 34996

02102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0361100
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEARD, REDA D
4030 NE JOES POINT RD
STUART, FL 34996

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEARD, VERNON D.
STREET ADDRESS	4030 NE JOES POINT RD
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	BEARD, REDA D.
STREET ADDRESS	4030 NE JOES POINT RD
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	BEARD, DONESE K.
STREET ADDRESS	4991 NW 107TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	D
NAME	WILKERSON, ROBERT
STREET ADDRESS	1739 BROOKSTONE WAY
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000445142
03/07/06-00032-015 61.25

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 617, 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: Reda D. Beard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #