

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90016 003 ***150.00

DOCUMENT # P00000005042

1. Entity Name

KNOWLES EXCAVATING AND CONCRETE INC.



Principal Place of Business

7063 GRIFFIN RD.
BROOKSVILLE, FL 34601

Mailing Address

7063 GRIFFIN RD.
BROOKSVILLE, FL 34601

2. Principal Place of Business

6134 Ocilla Loop

3. Mailing Address

P.O. Box 121065

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

USA

Zip

34712

Country

USA

03152004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3616373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, LYNN
7063 GRIFFIN RD.
BROOKSVILLE, FL 34601

Name

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

6134 Ocilla Loop

City

Clermont

FL

Zip Code

34711

7. Name and Address of New Registered Agent

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

Lynn Knowles

3-15-04

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

10. OFFICERS AND DIRECTORS

TITLE: DPS ☐ Delete
NAME: KNOWLES, LYNN
STREET ADDRESS: 7063 GRIFFIN RD.
CITY-ST-ZIP: BROOKSVILLE, FL 34601

TITLE: V ☐ Delete
NAME: KNOWLES, JEFFREY L
STREET ADDRESS: 7063 GRIFFIN RD
CITY-ST-ZIP: BROOKSVILLE, FL 34601

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 6134 Ocilla Loop
CITY-ST-ZIP: Clermont, FL 34711

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 6134 Ocilla Loop
CITY-ST-ZIP: Clermont, FL 34711

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

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

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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 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:

Lynn Knowles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 352-243-3193

Date

Daytime Phone #