

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005042

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: KNOWLES EXCAVATING AND CONCRETE INC.

## Current Principal Place of Business:

6134 OCILLA LOOP  
CLERMONT, FL 34711

## New Principal Place of Business:

6134 OCILLA LOOP  
CLERMONT, FL 34714

## Current Mailing Address:

P.O. BOX 121065  
CLERMONT, FL 34712

## New Mailing Address:

FEI Number: 59-3616373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KNOWLES, LYNN  
6134 OCILLA LOOP  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

KNOWLES, LYNN  
6134 OCILLA LOOP  
CLERMONT, FL 34714 US

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.

SIGNATURE: LYNN KNOWLES

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: KNOWLES, LYNN  
Address: 6134 OCILLA LOOP  
City-St-Zip: CLERMONT, FL 34711

Title: V ( ) Delete  
Name: KNOWLES, JEFFREY L  
Address: 6134 OCILLA LOOP  
City-St-Zip: CLERMONT, FL 34711

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: KNOWLES, LYNN  
Address: 6134 OCILLA LOOP  
City-St-Zip: CLERMONT, FL 34714

Title: V (X) Change ( ) Addition  
Name: KNOWLES, JEFFREY L  
Address: 6134 OCILLA LOOP  
City-St-Zip: CLERMONT, FL 34714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN KNOWLES

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date