

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000005042

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** KNOWLES EXCAVATING AND CONCRETE INC.

**Current Principal Place of Business:**

6134 OCILLA LOOP  
CLERMONT, FL 34714

**New Principal Place of Business:**

6134 OCILLA LOOP  
CLERMONT, FL 34714 US

**Current Mailing Address:**

6134 OCILLA LOOP  
CLERMONT, FL 34714

**New Mailing Address:**

6134 OCILLA LOOP  
CLERMONT, FL 34714 US

**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 34714 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: KNOWLES, LYNN  
Address: 6134 OCILLA LOOP  
City-St-Zip: CLERMONT, FL 34714

Title: V  
Name: KNOWLES, JEFFREY L  
Address: 6134 OCILLA LOOP  
City-St-Zip: CLERMONT, FL 34714

I hereby 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 all other like empowered.

SIGNATURE: LYNN KNOWLES

DPS

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date