

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031528

FILED
Jan 20, 2009
Secretary of State

Entity Name: KNOWLES CONSTRUCTION, INC.

Current Principal Place of Business:

1916 ALAFIA OAKS DRIVE
VALRICO, FL 33594

New Principal Place of Business:

1916 ALAFIA OAKS DRIVE
VALRICO, FL 33596

Current Mailing Address:

1916 ALAFIA OAKS DRIVE
VALRICO, FL 33594

New Mailing Address:

1916 ALAFIA OAKS DRIVE
VALRICO, FL 33596

FEI Number: 59-3634807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, LAWRENCE M
1916 ALAFIA OAKS DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

KNOWLES, LAWRENCE M
1916 ALAFIA OAKS DRIVE
VALRICO, FL 33596 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: LAWRENCE M. KNOWLES

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNOWLES, LAWRENCE M
Address: 1916 ALAFIA OAKS DRIVE
City-St-Zip: VALRICO, FL 33594

Title: T/S () Delete
Name: TRACEY, KNOWLES A
Address: 1916 ALAFIA OAKS DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KNOWLES, LAWRENCE M
Address: 1916 ALAFIA OAKS DRIVE
City-St-Zip: VALRICO, FL 33596

Title: T/S (X) Change () Addition
Name: TRACEY, KNOWLES A
Address: 1916 ALAFIA OAKS DRIVE
City-St-Zip: VALRICO, FL 33596

I hereby certify that the information supplied with this filing does not qualify 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: LAWRENCE M. KNOWLES

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date