

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000044017

1. Entity Name
KNOLLIE & MILDRED, INCORPORATED



Principal Place of Business
5005 TOURAIN DR
TALLAHASSEE, FL 32308

Mailing Address
5005 TOURAIN DR
TALLAHASSEE, FL 32308

FILED

04 APR 30 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3642433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, CAROLYN D
5005 TOURAIN DR
TALLAHASSEE, FL 32308

**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

**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 NAME STREET ADDRESS CITY-ST-ZIP	P WARREN DAVIS, GEORGE 6182 OLIVERA CT CHINO, CA 91710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS BARNES, ZELEDER 383 MAGNOLIA ST BILOZI, MI 39530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/11/04--01021--012 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

Daytime Phone #