


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90009 007 \*\*\*558.75

<b>DOCUMENT # P00000049146</b>	
1. Entity Name <b>BENDED KNEE CORPORATION</b>	

Principal Place of Business <b>269 16TH STREET NORTH ST PETERSBURG, FL 33705</b>	Mailing Address <b>269 16TH STREET NORTH ST PETERSBURG, FL 33705</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>5010 Seminole Blvd.</b> Suite, Apt. #, etc.	
City & State		City & State <b>St. Petersburg, FL</b>	
Zip	Country	Zip <b>33708</b>	Country <b>Pineellas</b>

05112004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>ROHRER, MICHAEL 269 16TH STREET NORTH ST PETERSBURG, FL 33705</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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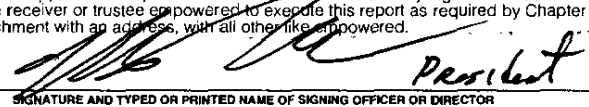
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROHRER, MICHAEL</b> <b>13532 BINGLEWOOD AVE NORTH</b> <b>SEMINOLE, FL 33705</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5010 Seminole Blvd.</b> <b>St. Petersburg, FL 33708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROHRER, CHERYL</b> <b>13532 BINGLEWOOD AVE NORTH</b> <b>SEMINOLE, FL 33705</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **President** **5/8/04** **727-822-4053**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #