

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90225 050 ***150.00

DOCUMENT # P00000114619

1. Entity Name
KNEPP CRETE, INC.



Principal Place of Business
**10370 PITTMAN RD
SARASOTA, FL 34240-9166**

Mailing Address
**10370 PITTMAN RD
SARASOTA, FL 34240-9166**

34074201

2. Principal Place of Business

7850 Fruitville Rd
Suite, Apt. #, etc.

3. Mailing Address

7850 Fruitville Rd
Suite, Apt. #, etc.



01162004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-1063684

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TROYER, PAMELA
7543 N LEEMYNN DR
SARASOTA, FL 34240**

7. Name and Address of New Registered Agent

Name **Eva Knepp**

Street Address (P.O. Box Number is Not Acceptable)

7850 Fruitville

City **Sarasota**

FL **34240**

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 **Eva Knepp**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.28.04

**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 **D** ☐ Delete
NAME **KNEPP, DARRELL**
STREET ADDRESS **10370 PITTMAN RD**
CITY-STATE-ZIP **SARASOTA, FL 342409166**

TITLE **D** ☐ Delete
NAME **KNEPP, EVA**
STREET ADDRESS **10370 PITTMAN RD**
CITY-STATE-ZIP **SARASOTA, FL 342409166**

TITLE **VP** ☒ Delete
NAME **KNEPP, TRENTON**
STREET ADDRESS **714 ALBEE FARM RD.**
CITY-STATE-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **7850 Fruitville Rd**
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME **7850 Fruitville Rd**
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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: **Eva Knepp**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.28.04