


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000012373</b>	
1. Entity Name ROBERT H. KNORR, P.A.	

Principal Place of Business 39849 BRYAN LANE UMATILLA, FL 32784	Mailing Address POST OFFICE BOX 1299 UMATILLA, FL 32784
---	---



01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3697337	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

KNORR, ROBERT H  
39849 BRYAN LANE  
UMATILLA, FL 32784

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KNORR, ROBERT H POST OFFICE BOX 1299 UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNORR, FLORA 39849 BRYAN LANE UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000012353  
01/26/04-80006-014 150.00

**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)(f), 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: Flora A. Knorr, Sec 1/21/04 352-669-6055