


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90128 035 ***150.00

DOCUMENT # P01000012373					
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		
2. Principal Place of Business		3. Mailing Address 1368 PATRICK PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State THE VILLAGES, FL		4. FEI Number 59-3697337	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNORR, ROBERT H 39849 BRYAN LANE UMATILLA, FL 32784			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1368 PATRICK PLACE City THE VILLAGES FL Zip Code 32162		
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 <i>Robert H. Knorr</i>		ROBERT H. KNORR		4-11-06	
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, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP <input type="checkbox"/> Delete	NAME KNORR, ROBERT H		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1368 PATRICK PLACE	
STREET ADDRESS POST OFFICE BOX 1299	STREET ADDRESS UMATILLA, FL 32784		STREET ADDRESS THE VILLAGES, FL 32162	STREET ADDRESS THE VILLAGES, FL 32162	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE S <input type="checkbox"/> Delete	NAME KNORR, FLORA		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1368 PATRICK PLACE	
STREET ADDRESS 39849 BRYAN LANE	STREET ADDRESS UMATILLA, FL 32784		STREET ADDRESS THE VILLAGES, FL 32162	STREET ADDRESS THE VILLAGES, FL 32162	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Flora A. Knorr</i>			FLORA A. KNORR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-11-06		
Date			Daytime Phone #		