2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000023057

1. Entity Name

K & N, CORPORATION

Principal Place of Business	Mailing Address
9032 DANCY TREE CT ORLANDO, FL 32836	9032 DANCY TREE CT ORLANDO, FL 32836

40000432

01052005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3713554	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SONNENSCHEIN, MICHAEL D
1420 ALAFAYA TR, STE 101
OVIEDO, FL 32765

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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_____

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, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MERCHANT, NAZIM
STREET ADDRESS	9032 DANCY TREE CT
CITY-ST-ZIP	ORLANDO, FL 32836

TITLE	S
NAME	MERCHANT, PAREEN
STREET ADDRESS	9032 DANCY TREE CT
CITY-ST-ZIP	ORLANDO, FL 32836

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1-5-05   (407) 758-7747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #