


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 01, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000016336 1. Entity Name WILLIAM M. KNOTT, INC.	
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Principal Place of Business
**330 EVANSDALE ROAD
LAKE MARY, FL 32746**

Mailing Address
**330 EVANSDALE ROAD
LAKE MARY, FL 32746**

DO NOT WRITE IN THIS SPACE



03292004 No Chg-P CR2E034 (10/03)

4. FCI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KNOTT, WILLIAM M
330 EVANSDALE ROAD
LAKE MARY, FL 32746**

**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: _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE: _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	D KNOTT, WILLIAM M 330 EVANSDALE ROAD LAKE MARY, FL 32746
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04/01/04-80026-001 158.75

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day to Phone #

William M. Knott **WILLIAM M. KNOTT** 3-29-04 4073219450