


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90042 017 ***150.00

DOCUMENT # P02000021317	
1. Entity Name KNOTHOLE HARDWOODS, INC.	

Principal Place of Business 2211 W MCCORMICK ROAD APOPKA FL 32703	Mailing Address 2211 W MCCORMICK ROAD APOPKA FL 32703
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34040000



MOORE CR2E034 (11/03)

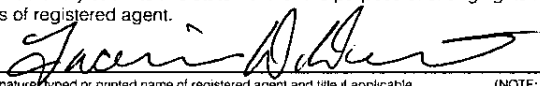
2. Principal Place of Business 1148 LAKE BALDWIN LANE	3. Mailing Address 1148 LAKE BALDWIN LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO FL	City & State ORLANDO FL
Zip 32814	Country USA
Zip 32814	Country USA

4. FEI Number 01-0601520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIS, FRANCIS 2211 W MCCORMICK ROAD APOPKA FL 32703	
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7. Name and Address of New Registered Agent Name DAVIS, FRANCIS Street Address (P.O. Box Number is Not Acceptable) 1148 LAKE BALDWIN LANE City ORLANDO FL Zip Code 32814	
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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  DATE 4/5/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, FRANCIS D 2211 W MCCORMICK ROAD APOPKA FL 32703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1148 LAKE BALDWIN LANE ORLANDO FL 32814 <input checked="" type="checkbox"/> Change ADDRESS <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	3-30-04 321-277-4415
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>