

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000048014

1. Entity Name
KNUCKLEHEAD ENGINEERING, INC.



Principal Place of Business
10252 GLENNFIELD COURT
JACKSONVILLE, FL 32221

Mailing Address
10252 GLENNFIELD COURT
JACKSONVILLE, FL 32221



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0601041

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TROUTMAN, CLARENCE E
10252 GLENNFIELD COURT
JACKSONVILLE, FL 32221

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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 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	P
NAME	TROUTMAN, CLARENCE
STREET ADDRESS	10252 GLENNFIELD CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	T
NAME	COSTLEY, MICHAEL F
STREET ADDRESS	7765 ANDES DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	S
NAME	CASSIDY, WILLIAM H JR.
STREET ADDRESS	618 BLAIR RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/04-80017-013 150.00

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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

Daytime Phone #

Michael F. Costley Michael F. Costley 4-15-04 904-771-6981