

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 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**

**DO NOT WRITE IN THIS SPACE**



04212006 No Chg-P CR2E034 (11/05)

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**

**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 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. ☐

**\$5.00** May Be  
Added to Fees

000000526289  
05/04/06-80068-003 150.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 - changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Michael F. Costley* Michael F. Costley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06  
Date

904-386-2757  
Daytime Phone #