

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055743

Entity Name: KNOWLTON'S, INC.

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

36405 FAIRVIEW HTS RD
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

37529 SKY RIDGE CIRCLE
DADE CITY, FL 33525

Current Mailing Address:

36405 FAIRVIEW HEIGHTS RD.
ZEPHYRHILLS, FL 33541

New Mailing Address:

37529 SKY RIDGE CIRCLE
DADE CITY, FL 33525

FEI Number: 04-3687875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLTON, CEDRIC
36405 FAIRVIEW HEIGHTS RD.
ZEPHYRHILLS, FL 33541 US

Name and Address of New Registered Agent:

KNOWLTON, CEDRIC
37529 SKY RIDGE CIRCLE
DADE CITY, FL 33525 US

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.

SIGNATURE: CEDRIC KNOWLTON

02/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNOWLTON, CEDRIC
Address: 36405 FAIRVIEW HEIGHTS RD.
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KNOWLTON, CEDRIC
Address: 37529 SKY RIDGE CIRCLE
City-St-Zip: DADE CITY, FL 37529

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CEDRIC KNOWLTON

D

02/26/2007

Electronic Signature of Signing Officer or Director

Date