


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000067459</b> 1. Entity Name KNOT AVAILABLE, INC		
Principal Place of Business 230 WOODLAWN DRIVE PANAMA CITY, FL 32407	Mailing Address 230 WOODLAWN DRIVE PANAMA CITY, FL 32407	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MEADOWS, DAVID M 230 WOODLAWN DRIVE PANAMA CITY, FL 32407		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEADOWS, DAVID M 230 WOODLAWN DRIVE PANAMA CITY, FL 32407	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILES, REGGIE 106 ROSE LANE PANAMA CITY, FL 32413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOZIER, BILL 20414 FRONT BEACH ROAD PANAMA CITY, FL 32413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.  <b>SIGNATURE:</b> <u>Bill Dozier</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="text-align: right;">850 4/29/04 234-1662 <small>Date Daytime Phone #</small></div>		



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 68-0512452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

U00000127607  
04/26/04-80004-013 150.00