

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067817

FILED
Jan 07, 2005
Secretary of State

Entity Name: KNOWLES & ASSOCIATES LANDSCAPING, INC.

Current Principal Place of Business:

6908 NW 30TH AVE
FT LAUDERDALE, FL 33309

New Principal Place of Business:

4323 REFELCECTION BLVD # 102
SUNRISE, FL 33351

Current Mailing Address:

6908 NW 30TH AVE
FT LAUDERDALE, FL 33309

New Mailing Address:

4323 REFLECTIONS BLVD # 102
SUNRISE, FL 33351

FEI Number: 03-0463036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, SHAWN
6908 NW 30TH AVE
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

KNOWLES, SHAWN
4323 REFLECTIONS BLVD # 102
SUNRISE, FL FL 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: SHAWN KNOWLES

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KNOWLES, SHAWN
Address: 6908 NW 30TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KNOWLES, SHAWN
Address: 4323 REFLECTIONS BLVD # 102
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAWN KNOWLES

P

01/07/2005

Electronic Signature of Signing Officer or Director

Date