

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069370

Entity Name: KNIPPRATH, INC.

FILED  
Jan 21, 2004  
Secretary of State

## Current Principal Place of Business:

1525-23RD ST SW  
NAPLES, FL 34117

## New Principal Place of Business:

## Current Mailing Address:

1525-23RD ST SW  
NAPLES, FL 34117

## New Mailing Address:

873 CAPE HAZE LANE  
NAPLES, FL 34104 US

FEI Number: 35-2172438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KNIPPRATH, STEVEN P  
1525-23RD ST SW  
NAPLES, FL 34117 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KNIPPRATH, STEVEN P  
Address: 1525-23RD ST SW  
City-St-Zip: NAPLES, FL 34117

Title: S ( ) Delete  
Name: OJEDA, LAZARO  
Address: 5256 28TH PLACE S.W.  
City-St-Zip: NAPLES, FL 34116

Title: T (X) Delete  
Name: MONOVY, JUAN  
Address: 7301 CAPTIVAR BVD.  
City-St-Zip: FT. MYERS, FL 33901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KNIPPRATH, STEVEN P  
Address: 1525-23RD ST SW  
City-St-Zip: NAPLES, FL 34117

Title: D (X) Change ( ) Addition  
Name: SAGEN, STEPHANIE G  
Address: 873 CAPE HAZE LANE  
City-St-Zip: NAPLES, FL 34104 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEPHANIE SAGEN

D

01/21/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date