## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## **FILED** Mar 03, 2005 08:00 AM DOCUMENT # P02000069370\* **Secretary of State** 1. Entity Name KNIPPRATH, INC. Principal Place of Business Mailing Address 1525-23RD ST SW 873 CAPE HAZE LANE NAPLES, FL 34117 NAPLES, FL 34104 US 02192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 35-2172438 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KNIPPRATH, STEVEN P DO NOT WRITE 1525-23RD ST SW NAPLES, FL 34117 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KNIPPRATH, STEVEN P NAME STREET ADDRESS 1525-23RD ST SW CITY-ST-ZIP NAPLES, FL 34117 TITLE U00000249754 03/03/05-80016-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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.

OFFICER OR DIRECTOR

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2-25-05