

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000075410

1. Entity Name
KNUDSON SALES, INC.



Principal Place of Business
5651 COMMERCE DR STE 4
ORLANDO, FL 32839

Mailing Address
5651 COMMERCE DR STE 4
ORLANDO, FL 32839



01122006 No Chg-P CR2E034 (11/C51)

4. FEI Number
54-2063259

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KNUDSON, WAYNE H
5651 COMMERCE DR STE 4
ORLANDO, FL 32839

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KNUDSON, WAYNE H
STREET ADDRESS	5651 COMMERCE DR STE 4
CITY-STATE-ZIP	ORLANDO, FL 32839
TITLE	V
NAME	BEVERLY, JOHNSTON J
STREET ADDRESS	5628 MARINELL DR.
CITY-STATE-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

01/19/06-80002-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes; 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 12 of Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beverly J. Johnston BEVERLY J. JOHNSTON

01/17/2006 407 251-5464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day the Fee is