

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90232 044 ***150.00

DOCUMENT # P02000095251



1. Entity Name
FLOOD KNOT INC.

Principal Place of Business
**1247 CHESHIRE ST
PORT CHARLOTTE, FL 33953**

Mailing Address
**1247 CHESHIRE ST
PORT CHARLOTTE, FL 33953**

14010857



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

76-0712976

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAISER, WALTER G
1247 CHESHIRE ST
PORT CHARLOTTE, FL 33953**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P KAISER, WALTER	<input type="checkbox"/> Delete
STREET ADDRESS	1247 CHESHIRE ST	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE NAME	V COFFEY, JOHN B	<input type="checkbox"/> Delete
STREET ADDRESS	2357-3 S TAMiami TR	
CITY-ST-ZIP	VENICE, FL 342935022	
TITLE NAME	S ERICKSON, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS	2357-3 S TAMiami TR	
CITY-ST-ZIP	VENICE, FL 342935022	
TITLE NAME	T KAISER, IRENE M	<input type="checkbox"/> Delete
STREET ADDRESS	1247 CHESHIRE ST	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/04

(941) 493-8383

Date

Daytime Phone #