


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90288 027 ***150.00

DOCUMENT # P03000020149 1. Entity Name KNOPF WEB ENTERPRISES, CORP.																											
Principal Place of Business 615 NE 11TH AVENUE GAINESVILLE, FL 32601		Mailing Address 615 NE 11TH AVENUE GAINESVILLE, FL 32601																									
2. Principal Place of Business 717 SE 34th Ave Suite, Apt. #, etc.		3. Mailing Address 717 SE 34th Ave Suite, Apt. #, etc.																									
City & State - Ocala, FL Zip 34471		City & State Ocala, FL Zip 34471																									
4. FEI Number 37-1460413		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KNOPF, MICHAEL 615 N.E. 11TH AVE. GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Knopf, Michael Street Address (P.O. Box Number is Not Acceptable) 717 SE 34th Ave City Ocala FL Zip Code 34471																									
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 <u><i>Michael Knopf</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>April 13, 2005</u>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D KNOPF, MICHAEL</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>615 NE 11TH AVENUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>GAINESVILLE, FL 32601</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D KNOPF, MICHAEL	<input type="checkbox"/> Delete	NAME	615 NE 11TH AVENUE		STREET ADDRESS	GAINESVILLE, FL 32601		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D Knopf, Michael</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>717 SE 34th AVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Ocala, Florida 34471</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D Knopf, Michael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	717 SE 34 th AVE		STREET ADDRESS	Ocala, Florida 34471		CITY-ST-ZIP		
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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: <u><i>Michael Knopf</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>April 13, 2005</u> (352) 262-2680 <small>Date Daytime Phone #</small>																									