2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| ANNUAL REPORT (AR) | | | | | _ FILED | | | |
|---|--|------------------------------------|----------------|--------------------------|---|--|------------------------------|-------------------------------|
| DOCUMENT # P03000053729 1. Entity Name | | | | | Mar 31, 2005 08:00 AN Secretary of State | | | |
| KNOLLW | OOD FARMS, INC. | | | | | Secre | ctary or c | rac |
| Principal Place of Business | | Mailing Address | | | • | | - | |
| 3371 N KE FT MYERS | Y DR FL 33903 | 3371 N KEY DR FT MYERS FL 33903 | | | 11000 | IBBI (III BBINB IIIII BBITE KRIEL B | CCI CCIN WITH NY IN INCIDENT | . (211001 16 1001 |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | 1st | MOORE (| CR2E034 (10/04) | | |
| City & State | | City & State | | | 4. FEI Numbe | 74-3096862 | } ∔ | Applied For Not Applicable |
| Žip | Country | Zip | Countr | γ | 5. Certificate | of Status Desired | □ \$8.75 A | dditional |
| | 6. Name and Address of Curren | t Registered Agent | | | 7. Name and | Address of New Re | | |
| BUCKLEY, J PATRICK | | | | Name | | | | |
| 1633 SE 47 TERR CAPE CORAL FL 33904 | | | . [| Street Address (| P.O. Box Numbe | er is Not Acceptable) | | |
| المراح | L 0011AL 1 L 33304 | | | | · | | | |
| | | | | City | | | FL Zip Co | ode |
| 8. The above the obliga | named entity submits this statement tions of registered agent. | for the purpose of changing its | registere | d office or register | red agent, or bot | h, in the State of Flor | ida. I am familiar wit | h, and accept |
| SIGNATURE | Signature, typed or printed name of registered ager | n and title if applicable (NOTE | Registered | Agant signature required | when reinstating) | | DATE | |
| F After | ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department | 0 | | | | 9. Election Campai Trust Fund Contr | | 5.00 May Be ded to Fees |
| 10. | OFFICERS AND | D DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OFFIC | ERS AND DIRECTO | RS IN 11 |
| title Name | PSD MEVER I AMPENICE A | ☐ Delete | THE | | | _ | Change | Addition |
| STREET ADDRESS | MEYER, LAWRENCE A 3371 N KEY DR | | NAME STREET | ADDRESS | | פכתתחחתון | วกดว | |
| CITY-ST-ZIP | FT MYERS FL 33903 | | CITY-S | ST - ZIP | - | 03/31/05-80 03/31/05-80 | <u> </u> | .00 |
| TITLE NAME | | ☐ Delete | THELE NAME | | | | ☐ Change | Addition |
| SYREET ADDRESS CITY - ST - ZIP | _ | | | ADDRESS | | | | |
| TITLE | | ☐ Delete | ante |) 1. 7lt | ··· · | | Changa | ☐ Addition |
| NAME DIRECT ADDRESS | | | NAME | | | | _ ` | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET | TADDRESS T-ZIP | | | | |
| me | | ☐ Delete | ВДЕ | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | NAME STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | CHTY-S | T I | | | | |
| DILE | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| name Street address | | | NAME STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-S | - 1 | | | | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | NAME | ADDRESS | | | | |
| CITY-ST-ZIP | - | | CITY-S | ADDRESS 1 - ZIP | | | | |
| | certify that the information sumplied wit | h this filing does not qualify for | | | otion 110 07/23/0 | Marida Ptotutos 14 | unthan acrtic. Machal | : (|

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Degree Prote V

Date Degree Prote V