

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90003 049 ***150.00

DOCUMENT # P03000080098

Entity Name

RAY KNOWLES INDUSTRIAL INC.



Principal Place of Business

5930 GREY FOX RUN
FT. MYERS FL 33912

Mailing Address

5930 GREY FOX RUN
FT. MYERS FL 33912



2. Principal Place of Business

13966 Avon Park Circle

3. Mailing Address

13966 Avon Park Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Ft. Myers FL

City & State

Ft. Myers FL

4. FEI Number

01-0792798

Applied For

Not Applicable

Zip

33912

Country

Lee

Zip

33912

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, RAY E
5930 GREY FOX RUN
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name

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

13966 Avon Park Circle

City

Ft. Myers

FL

Zip Code

33912

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KNOWLES, RAY E
STREET ADDRESS 13966 AVON PARK CIRCLE
CITY-ST-ZIP FT. MYERS FL 33912

TITLE V ☐ Delete
NAME KNOWLES, PATRICIA S
STREET ADDRESS 13966 AVON PARK CIRCLE
CITY-ST-ZIP FT. MYERS FL 33912

TITLE ST ☐ Delete
NAME KNOWLES, PATRICIA S
STREET ADDRESS 13966 AVON PARK CIRCLE
CITY-ST-ZIP FT. MYERS FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Patricia S. Knowles V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 14 2006 239.437.46 32

Date

Daytime Phone #