

**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 # P0300080098**

1. 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.

1st MOORE CR2E034 (10/05)

City & State  
*Ft. Myers FL*

City & State  
*Ft. Myers FL*

Zip  
*33912*

Country  
*Lee*

Zip  
*33912*

Country  
*Lee*

4. FEI Number  
**01-0792798**

Applied For  
 Not Applicable

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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	KNOWLES, RAY E	
STREET ADDRESS	13966 AVON PARK CIRCLE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	V	<input type="checkbox"/> Delete
NAME	KNOWLES, PATRICIA S	
STREET ADDRESS	13966 AVON PARK CIRCLE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KNOWLES, PATRICIA S	
STREET ADDRESS	13966 AVON PARK CIRCLE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* *Feb. 14 2006* *239-437-4632*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #