


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90043 021 \*\*\*150.00

<b>DOCUMENT # P03000146428</b> 1. Entity Name <b>KNUDSEN CONSTRUCTION, INC.</b>																																			
Principal Place of Business <b>690 ALTAMIRA STREET N.W. PALM BAY FL 32907</b>		Mailing Address <b>690 ALTAMIRA STREET N.W. PALM BAY FL 32907</b>																																	
<i>Change of address</i>																																			
2. Principal Place of Business <b>1000 Douglas St SE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1000 Douglas St SE</b> Suite, Apt. #, etc.																																	
City & State <b>Palm Bay, Fla</b> Zip <b>32909</b> Country <b>U.S.</b>		City & State <b>Palm Bay, Fla</b> Zip <b>32909</b> Country <b>U.S.</b>																																	
4. FEI Number <b>20-0463564</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent <b>KNUDSEN, PETE 690 ALTAMIRA STREET N.W. PALM BAY FL 32907</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-STATE-ZIP  <b>P. KNUDSEN, PETE 690 ALTAMIRA STREET N.W. PALM BAY FL 32907</b> </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>P. KNUDSEN, PETE 690 ALTAMIRA STREET N.W. PALM BAY FL 32907</b>	<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-STATE-ZIP         </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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.																																			
<b>SIGNATURE:</b> <i>Pete Knudsen</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>3/6/04</b> Date Daytime Phone #																																	