


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000171757	
1. Entity Name KNOW HIM ENTERPRISES INC.	

Principal Place of Business 5068 NW 55TH AVENUE OCALA, FL 34482	Mailing Address 5068 NW 55TH AVENUE OCALA, FL 34482
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DO NOT WRITE IN THIS SPACE



03252006 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2161773	<input type="checkbox"/> 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

DAVIS, ROBERT B
5068 NW 55TH AVENUE
OCALA, FL 34482

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IN THIS SPACE

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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DAVIS, ROBERT B
STREET ADDRESS	5068 NW 55TH AVENUE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	V
NAME	RUSSELL, GEORGE
STREET ADDRESS	8985 SOUTHEAST 142ND LANE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	S
NAME	RUSSELL, EULA
STREET ADDRESS	8985 SOUTHEAST 142ND LANE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	T
NAME	DAVIS, DEBBIE
STREET ADDRESS	5068 NW 55TH AVENUE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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04/19/06-80003-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Robert B Davis* **ROBERT B. DAVIS** **352-629-7719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR