

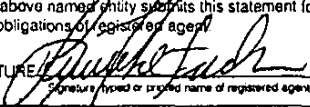
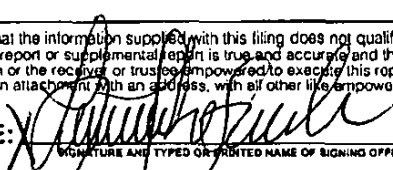
2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-24-2006 90416 044 ***150.00
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DOCUMENT # P05000082482			
1. Entity Name KNZ CORPORATION			
Principal Place of Business 201 E LEADWITH AVE AT HAINES CITY, FL 33844 US		Mailing Address P. O. BOX 3970 HAINES CITY, FL 33845 US	
2. Principal Place of Business 280 Town Center Dr Suite, Apt. #, etc.		3. Mailing Address 3970 Suite, Apt. #, etc.	
City & State Kissimmee FL		City & State	
Zip 34759	Country USA	Zip	Country
4. FFL Number 55-0903062		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02012006 Chg-P CR2E034 (11/05) 06	
6. Name and Address of Current Registered Agent JOSEPH, LAMOTHE 201 E LEADWITH AVE AT HAINES CITY, FL 33844		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 		JOSEPH Lamothe A-7-D16 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D JOSEPH, LAMOTHE 201 E LEADWITH AVE AT HAINES CITY, FL 33844 - Winter Haven FL 33884	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition
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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: 		8-25-06 Date Daytime Phone #	

received copies of cancelled check's notice of intent Dissolve 8-14-06