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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000082482

1. Entity Name
KNZ CORPORATION

Principal Place of Business	Mailing Address
~~201 E LEADWITH AVE~~ ~~A1~~ ~~HAINES CITY, FL 33844 US~~	P. O. BOX ~~2033~~ 3970 HAINES CITY, FL 33845 US

2. Principal Place of Business: 880 Town Center Dr		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Kissimmee FL		City & State	
Zip: 34759	Country: USA	Zip	Country

4. FEI Number: 55-0903062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, LAMOTHE
~~201 E LEADWITH AVE~~ 622 Reflection Lp W
~~A1~~
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: [signature] Joseph Lamothe — 4-7-06
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. ☐ **$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	PD JOSEPH, LAMOTHE ~~201 E LEADWITH AVE A1~~ 622 Reflection Lp W ~~HAINES CITY, FL 33845~~ Winter Haven FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] — 8-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

received copies of cancelled check & notice of intent to dissolve 8-4-06