2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 25, 2006 8:00 am Secretary of State

DOCUMENT # P05000108136 1. Entity Name KNOTT BROTHERS INC.							08-25-200	06 90003 016 **	*150.00	
Principal Place	e of Busines:	S	Mailing Address	Mailing Address						
126 PALENC	IA PLACE		126 PALENCIA PLACE					_		
LAKELAND, FL 33803 :			LAKELAND, FL 33803					500263	25	
							A MATING MILITAN MATING MATING MATIN			
2. Principal P	lace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06122006	Chg-P	CR2E034 (11/05)		
City & State			City & State			4. FEI Numb	296915	⊢	pplied For ot Applicable	
Zip	Country		Zip	Zip Countr			of Status Desired	\$8.75 Ad	ditional	
	6. Name	and Address of Current	L Registered Agent	stered Agent			7. Name and Address of New Registered Agent			
				 -	Name					
GRAYSON, DOUGLAS 126 PALENCIA PLACE					Street Address (P.O. Box Number is Not Acceptable)					
LAKELAND, FL 33803										
					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, 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 Due by September 6, 2006 9. Election Campaign Finan Trust Fund Contribution.						.00 May Be led to Fees	In accordance v corporation did	vith s. 607.193(2)(b), not receive the prior	F.S., the notice.	
10.	OFFICERS AND DIRECTORS					ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11	
TITLE	P/D		☐ Delete	☐ Delete THLE			•	☐ Change	Addition	
NAME	I	N, DOUGLAS	NAME							
STREET ADORESS CITY-ST-ZIP	l	NCIA PLACE ID, FL 33803			ET ADDRESS -ST-ZIP					
	VP/D	D, 1 E 33003								
TITLE NAME		MICHAEL	☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS		RRICK CIR			ET ADDRESS					
CITY-ST-ZIP	LAKELAN	ID, FL 33815		-SI-ZIP				1		
TITLE			☐ Delete				☐ Change	Addition		
NAME				NAM	E					
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITU				☐ Change	☐ Addition	
NAME Street address				NAM						
CITY-ST-ZIP					ET ADORESS - ST-ZIP					
								Channe .	CT (443554	
TITLE NAME	Delete IIIU						☐ Change	☐ Addition		
STREET ADDRESS	1				ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP				Ì	
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME				NAME				_ "		
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP					
12. I hereby of indicated of the conchanged	certify that the on this report poration or the or on an atte	e information supplied with it or supplemental report is ne receiver or trustee emp	this filing does not qualify for strue and accurate and that re- owered to execute this report with all other like en nowered	or the exi ny signa as <u>recu</u> i	emptions contained ture shall have the red by Chapter 60	d in Chapter 11: same legal effe 7, Florida Statut	9, Florida Statutes. I ct as if made under d es; and that my name	further certify that the i bath; that I am an office a appears in Block 10 c	nformation r or director r Block 11 if	