

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90267 031 ***158.75

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1. Entity Name

VERLIE KNOX, INCORPORATED



Principal Place of Business

8202 E. BITTERBUSH LN.
PORT SAINT LUCIE FL 34952

Mailing Address

8202 E. BITTERBUSH LN.
PORT SAINT LUCIE FL 34952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3158379

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOX, VERLIE D
8202 E. BITTERBUSH LN.
HERNANDO FL 34442

7. Name and Address of New Registered Agent

Name

Knox, Verlie D.

Street Address (P.O. Box Number is Not Acceptable)

8202 E. Bitterbush Lane

Port St. Lucie

Zip Code

FL

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

Verlie D Knox

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSP ☐ Delete
NAME KNOX, VERLIE D
STREET ADDRESS 3232 CR 511
CITY-ST-ZIP HERNANDO FL 34442

TITLE VD ☐ Delete
NAME POST, WARNER E
STREET ADDRESS 20650 FIREWOOD ST.
CITY-ST-ZIP PERRIS CA 92570

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☒ Change ☐ Addition
NAME Knox, Verlie D.
STREET ADDRESS 8202 E Bitterbush Lane
CITY-ST-ZIP Port St. Lucie, FL 34952

TITLE VD ☒ Change ☐ Addition
NAME Post, Warner E
STREET ADDRESS 4033 S. Mahabban Pl
CITY-ST-ZIP Tampa, FL 33611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Verlie D Knox* Verlie D Knox

4/24/04

7728794634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #