


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000005604 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.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3158379	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNOX, VERLIE D 8202 E. BITTERBUSH LN. PORT SAINT LUCIE FL 34952				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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>				_____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST KNOX, VERLIE D 8202 E BITTERBUSH LANE PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POST, WARNER E 4093 S MANATTAN PL TAMPA FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <i>Verlie D Knox</i> _____ <i>4/10/06</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E034 (10/05)

Applied For Not Applicable

8.75 Additional Fee Required

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.