

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90041 007 \*\*\*150.00

**DOCUMENT # P94000036972**

1. Entity Name

KNICELEY & ASSOCIATES, INC.



Principal Place of Business

270 HUMMINGBIRD LANE  
LONGWOOD FL 32779

Mailing Address

270 HUMMINGBIRD LANE  
LONGWOOD FL 32779

2. Principal Place of Business

4519 ANSON LN

Suite, Apt. #, etc.

3. Mailing Address

4519 ANSON LN

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

ORLANDO, FL

City & State

ORLANDO FL

4. FEI Number

59-3242305

Applied For

Not Applicable

Zip

32814

Country

USA

Zip

32814

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KNICELEY, JANET L  
270 HUMMINGBIRD LANE  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name DON S. KNICELEY

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

4519 ANSON LN.

City ORLANDO

FL

Zip Code 32814

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**

**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	DP	<input type="checkbox"/> Delete
NAME	KNICELEY, JANET L	
STREET ADDRESS	270 HUMMINGBIRD LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KNICELEY, DON S	
STREET ADDRESS	270 HUMMINGBIRD LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNICELEY, JANET L	
STREET ADDRESS	4519 ANSON LN	
CITY-ST-ZIP	ORLANDO FL 32814	
TITLE	President-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNICELEY, DON S	
STREET ADDRESS	4519 ANSON LN.	
CITY-ST-ZIP	ORLANDO FL 32814	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** DON S. KNICELEY 4-13-04 407.671.3377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #