

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000051413

Entity Name: KNOLYS JOHNSON, INC.

FILED  
Apr 05, 2005  
Secretary of State

**Current Principal Place of Business:**

3000 HIGH RIDGE RD, #16  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

3000 HIGH RIDGE RD, #16  
BOYNTON BEACH, FL 33426 US

**New Mailing Address:**

FEI Number: 65-0511166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, KNOLYS  
639 N.E. 8TH AVENUE  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JOHNSON, KNOLYS  
Address: 3000 HIGH RIDGE RD #16  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: V ( ) Delete  
Name: JOHNSON, KNOLYS  
Address: 3003 HIGH RIDGE ROAD, #16  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S ( ) Delete  
Name: JOHNSON, KNOLYS  
Address: 639 N.E. 8TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T ( ) Delete  
Name: JANKOVIC, TRACY  
Address: 639 N.E. 8TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: JARAMILLO, GARTH  
Address: 3003 HIGH RIDGE ROAD, #16  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: COLE, MARK  
Address: 3003 HIGH RIDGE ROAD, #16  
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KNOYLS JOHNSON

P

04/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date