2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033590

FILED Mar 09, 2009 Secretary of State

Entity Nai	me: KNISKER	N, INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
	MPASS POINT 5, FL 33908	DRIVE US					
Current M	lailing Addres	s:	New Mail	New Mailing Address:			
	MPASS POINT 5, FL 33908	DRIVE US					
FEI Number:	: 65-0802095	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status D	esired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
11211 COI	N, PHILIP N MPASS POINT S, FL 33908	DRIVE US					
	named entity s e of Florida.	submits this statement for the	purpose of changing	its registered o	office or registered ag	ent, or both,	
SIGNATU	RE:						
	Electron	ic Signature of Registered Ag	ent		Date		
Election Car	mpaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address:	D () KNISKERN, HIL 11211 COMPA		Title: Name: Address:	KNISKERN, PH	() Change()Addition HILIP N AS POINT DRIVE		

City-St-Zip: FT MYERS, FL 33908 City-St-Zip: FT MYERS, FL 33908

() Delete Title: () Change () Addition

KNISKERN, ANNE C Name: Name: Address: 11211 COMPASS POINT DRIVE Address: FT MYERS, FL 33908 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANNE C. KNISKERN D 03/09/2009