

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000102917

Entity Name: KNOX, INC.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

PO BOX 11207  
NAPLES, FL 34101

**New Principal Place of Business:**

11054 LINNET LANE  
NAPLES, FL 34119

**Current Mailing Address:**

PO BOX 11207  
NAPLES, FL 34101

**New Mailing Address:**

FEI Number: 65-0812533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAPIRO, MARC L ESQUIRE  
4328 CORPORATE SQUARE  
SUITE C  
NAPLES, FL 34104 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: PTDC ( ) Delete  
Name: KNOX, JR, DRAKE ALLAN  
Address: P.O. BOX 11207 N/A  
City-St-Zip: NAPLES, FL 33941

Title: SD ( ) Delete  
Name: DRAKE, MARINA M  
Address: P.O. BOX 11207 N/A  
City-St-Zip: NAPLES, FL 33941

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ALLAN DRAKE

PRES

04/28/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date