


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State


04-26-2004 90447 030 ***150.00

DOCUMENT # P97000109021 1. Entity Name KNUTZ TRUCKING, INC.	
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Principal Place of Business 10000 SHANGRI LA WEST MILTON, FL 32583 US	Mailing Address 4430 HWY 90, STE H PACE, FL 32571 US
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DO NOT WRITE IN THIS SPACE

44000041



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3485347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIRCLOTH, S. RICK
4430 HWY 90, STE H
PACE, FL 32571

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P KNUTZ, GLENN C 10000 SHANGRI LA WEST MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FAIRCLOTH, S. RICK 4430 HIGHWAY 90, STE H PACE, FL 32571
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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: *Glenn C. Knutz* **4-21-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year