


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

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



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3485347	Applied For <input type="checkbox"/> 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
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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 reinstating)
Signature, typed or printed name of registered agent and title if applicable _____ DATE _____

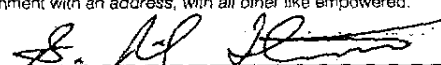
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	KNUTZ, GLENN C
STREET ADDRESS	10000 SHANGRI LA WEST
CITY - ST - ZIP	MILTON, FL 32583
TITLE	D
NAME	FAIRCLOTH, S. RICK
STREET ADDRESS	4430 HIGHWAY 90, STE H
CITY - ST - ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000352551
05/03/05-80030-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-28-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____