2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P98000006203** 1. Entity Name 04-26-2004 90550 007 ***150.00 KNAUFF ENGINEERING, INC. Mailing Address Principal Place of Business 17394 118TH TERRACE PO BOX 1278 JUPITER, FL 33478 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address 4777 SE Winter Haven Ct Winter Haven 4777 SE Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Stuart Stuart FL65-0804155 Not Applicable MARTIN MARTIN Country Palm \$8.75 Additional Palm Beach ^{Zip}34997 34997 5. Certificate of Status Desired Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KNAUFF, DOUGLAS G Street Address (P.O. Box Number is Not Acceptable) 1777 S.E.Winter Haven Court 17394 118TH TERRACE JUPITER, FL 33478 Stuart 34997 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 a. The above named entity the obligations of 20/04 Douglas Knauff SIGNATURE (NOTE: Registered Agent signature required when reinstating) and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. A Change Addition ☐ Delete TITLE THE KNAUFF, DOUGLAS G NAME NAME 4777 S.E. Winter Haven Court STREET ADDRESS P.O. BOX 1278 STREET ADDRESS Stuart, FL 34997 JUPITER, FL 33458 CITY-ST-ZIF City-St-ZiP Addition ☐ Delete TITLE Change ПΠЕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete IIII E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 an address, with principle in the empowered.

FILED

Douglas Knauff 772-631-4670

Daytime Phone #