

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000066226

1. Entity Name
E.P. KNAPP, INC.



Principal Place of Business
5536 25TH STREET WEST
BRADENTON, FL 34207

Mailing Address
5536 25TH STREET WEST
BRADENTON, FL 34207

**FILED
Jan 24, 2008 08:00 AM
Secretary of State**



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0853059	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KNAPP, ELERY
5536 25TH STREET WEST
BRADENTON, FL 34207

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000000795371
01/28/08-80045-009 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME KNAPP, ELERY
STREET ADDRESS 5536 25TH STREET WEST
CITY-ST-ZIP BRADENTON, FL 34207

TITLE D
NAME KNAPP, PAMELA
STREET ADDRESS 5536 25TH ST W.
CITY-ST-ZIP BRADENTON, FL 34207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-08

941-737-4254

Date

Daytime Phone #