

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000097280

Entity Name: KNOX'S GROUP, INC.

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7855 ARGYLE FOREST BOULEVARD  
SUITE 907  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

7855 ARGYLE FOREST BOULEVARD  
SUITE 907  
JACKSONVILLE, FL 32244

**New Mailing Address:**

FEI Number: 59-3543899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KNOX, PETER  
7885 ARGYLE FOREST BOULEVARD  
SUITE 907  
JACKSONVILLE, FL 32244 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: PSYD  
Name: KNOX, PETER  
Address: 7855 ARGYLE FOREST BOULEVARD SUITE 907  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby 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 all other like empowered.

SIGNATURE: PETER KNOX

PRES

02/21/2010

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

\_\_\_\_\_  
Date