

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000022291**

1. Entity Name  
**THE SCHOOL BOX, INC.**



Principal Place of Business  
**4069 TAMiami TRAIL  
PORT CHARLOTTE, FL 33952 US**

Mailing Address  
**5072 KEY LARGO DRIVE  
PUNTA GORDA, FL 33950 US**



04042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0896589</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**KNOEPFLE, DONALD W  
5072 KEY LARGO DRIVE  
PUNTA GORDA, FL 33950**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1000000696233  
04/17/07-80090-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KNOEPFLE, JEAN A
STREET ADDRESS	5072 KEY LARGO DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	VD
NAME	KNOEPFLE, DONALD W
STREET ADDRESS	5072 KEY LARGO DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	STD
NAME	KNOEPFLE, ELIZABETH G
STREET ADDRESS	5072 KEY LARGO DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**V.P. DONALD W. KNOEPFLE** 4/5/07 (941) 625-1011

Date

Daytime Phone #