

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030330

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: KNOWLES METER SERVICE, INC.

**Current Principal Place of Business:**

8590 S.W. 20TH COURT  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

8590 S.W. 20TH COURT  
OCALA, FL 34476

**New Mailing Address:**

FEI Number: 59-3574938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KNOWLES, CHARLES H  
8590 S.W. 20TH COURT  
OCALA, FL 34476

**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: P ( ) Delete  
Name: KNOWLES, CHARLES H  
Address: 8590 S.W. 20TH COURT  
City-St-Zip: Ocala, FL 34476

Title: V ( ) Delete  
Name: BOHANAN, TARA A  
Address: 15194 S.W. 37TH TERRACE  
City-St-Zip: Ocala, FL 34476

Title: S ( ) Delete  
Name: KNOWLES, BARBARA A  
Address: 8590 S.W. 20TH COURT  
City-St-Zip: Ocala, FL 34476

Title: T ( ) Delete  
Name: BOHANA, DONALD A  
Address: 15194 S.W. 37TH TERRACE  
City-St-Zip: Ocala, FL 34473

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: BOHANAN, TARA A  
Address: 8630 SW 20TH CT  
City-St-Zip: Ocala, FL 34476

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BOHANAN, DONALD A  
Address: 8630 SW 20TH CT  
City-St-Zip: Ocala, FL 34473

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES KNOWLES

P

01/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date