

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90193 021 ***150.00

DOCUMENT # P99000060667

1. Entity Name

AMY KOONTZ KNIPPEL PHOTOGRAPHY, INC.



Principal Place of Business

3371 S.W. SUNSET TRACE CIRCLE (no)
PALM CITY FL 34990

Mailing Address

3371 S.W. SUNSET TRACE CIRCLE (no)
PALM CITY FL 34990



2. Principal Place of Business

4362 NW 35th St
Suite, Apt. #, etc.

3. Mailing Address

4362 NW 35th St.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

65-0947997

Applied For

Not Applicable

Zip

32605

Country

US

Zip

32605

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOONTZ KNIPPEL, AMY
3371 S.W. SUNSET TRACE CIRCLE
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

Amy Koontz Knippel

Street Address (P.O. Box Number is Not Acceptable)

4362 NW 35th Street

City

Gainesville

FL

Zip Code

32605

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

Amy Koontz Knippel

Amy Koontz Knippel

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00 -

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KNIPPEL, AMY K	
STREET ADDRESS	3371 SW SUNSET TRACE CIR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KNIPPEL, DAN	
STREET ADDRESS	3371 SW SUNSET TRACE CIR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres Amy Koontz Knippel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4362 NW 35th Street	
STREET ADDRESS	Gainesville FL 32605	
CITY-ST-ZIP		
TITLE	VP Daniel Knippel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4362 NW 35th Street	
STREET ADDRESS	Gainesville FL 32605	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:

Amy Koontz Knippel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06 (352) 377-3547

Date:

Daytime Phone #