## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000067195**

1. Entity Name

FORT KNOX ASSOCIATES, INC.



FILED Feb 25, 2005 8:00 am Secretary of State

Principal Place of Business

9000 BURMA RD

SUITE 102 Palm BCH Gardens, FL 33403 Mailing Address

9000 BURMA RD

SUITE 102

PALM BCH GARDENS, FL 33403



## DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0943009 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINKER, JULES S 9000 BURMA RD. SUITE 102

PALM BCH GARDENS, FL 33403

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			the state of the s	
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title in	1 applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>	ncing \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINKER, JULES S 9000 BURME RD STE 102 PALM BCH GARDENS, FL 33403			
TITLE NAME STREET ADDRESS				

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: \_\_

TITLE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP



13 Date

561-775-5660