


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90118 010 \*\*\*150.00

DOCUMENT # P99000083202	
1. Entity Name TOM KNAPP ENTERPRISES INC.	

Principal Place of Business 18709 S.E. RIVER RIDGE ROAD TEQUESTA, FL 33469	Mailing Address 18709 S.E. RIVER RIDGE ROAD TEQUESTA, FL 33469
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2. Principal Place of Business <i>18709 SE River Ridge Rd.</i>	3. Mailing Address <i>18709 SE River Ridge Rd</i>
Suite, Apt. #, etc. <i>Tequesta FL</i>	Suite, Apt. #, etc. <i>Tequesta FL 33469</i>
City & State <i>Tequesta FL</i>	City & State <i>Tequesta FL</i>
Zip <i>33469</i>	Zip <i>33469</i>



03152006 Chg-P CR2E034 (11/05)

4. FEI Number 52-2196715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNAPP, THOMAS L 18709 S.E. RIVER RIDGE ROAD TEQUESTA, FL 33469	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT KNAPP, THOMAS 18709 SE RIVER RIDGE RD JUPITER, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *TOM KNAPP* *TOM KNAPP* 3/20/06 561-744-2086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #