

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000106671

1. Entity Name
GLENN KNOX PROFESSIONAL SERVICE CORPORATION



FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90331 004 ***150.00

Principal Place of Business
3663 CROWN POINT COURT
JACKSONVILLE, FL 32257

Mailing Address
3663 CROWN POINT COURT
JACKSONVILLE, FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3614971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARPER, LEWIS W ESQ.
12627 SAN JOSE BLVD
SUITE 302
JACKSONVILLE, FL 32223

Name

LEWIS W. HARPER, Esq.

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

6817 Southpoint Parkway, Ste. 1804

City

Jacksonville

FL

Zip Code

32216

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

LEWIS W. HARPER, Esq.

3-25-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DR	<input type="checkbox"/> Delete
NAME	KNOX, GLENN	
STREET ADDRESS	3663 CROWN POINT COURT	
CITY - ST - ZIP	JACKSONVILLE, FL 32257	
TITLE	MS	<input type="checkbox"/> Delete
NAME	KNOX, ALISA	
STREET ADDRESS	3663 CROWN POINT COURT	
CITY - ST - ZIP	JACKSONVILLE, FL 32257	
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	<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	
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/05 904-282-9777