

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90009 043 \*\*\*150.00

**DOCUMENT # S06597**

1. Entity Name

KNOBLOCK FOODS, INC.



Principal Place of Business

24 NW 8TH ST  
OCALA FL 34475  
US

Mailing Address

24 NW 8TH ST  
OCALA FL 34475  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

13682 SE 108th Ct. Rd.

Suite, Apt. #, etc.

City & State

City & State

OCALA FL 32179

Zip

Country

Zip

Country

4. FEI Number

59-3034188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

KNOBLOCK, PHILLIP O.  
24 NW 8TH STREET  
OCALA FL 32670

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

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

(NOTE: Registered Agent signature required when constituting)

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 DP ☐ Delete  
NAME KNOBLOCK, PHILLIP O.  
STREET ADDRESS 24 NW 8TH STREET  
CITY-ST-ZIP Ocala FL

TITLE ST ☐ Delete  
NAME KNOBLOCK, BETTY  
STREET ADDRESS 24 NW 8TH ST  
CITY-ST-ZIP Ocala FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 13682 SE 108th Ct. Rd.  
CITY-ST-ZIP Ocala FL 32179

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 13682 SE 108th Ct. Rd.  
CITY-ST-ZIP Ocala FL 32179

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Phillip O K mhl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06 352-2883389  
Date Daytime Phone #