2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 18, 2005 8:00 am **Secretary of State** DOCUMENT # V55910 1. Entity Name 02-18-2005 90058 018 ***158.75 J. L. KNOWLES, INC. Principal Place of Business Mailing Address 730 SE NASSAU ST. LAKE CITY FL 32025 PO BOX 328 ZUULGTOO LAKE CITY FL 32056 2. Principal Place of Business SR 3. Mailing Address 5801 CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 59-3133942 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KNOWLES, JESSIE L Street A 730 SE NASSAU STREET LAKE CITY FL 32025 City 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. 2-16-05 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. Addition TITLE Change TITLE Rusty L. Knowles KNOWLES, JESSIE L. NAME NAME STREET ADDRESS 730 SE NASSAU ST. STREET ADDRESS 01 5.W, SR 47 CITY-ST-ZIP LAKE CITY FL 32025 CITY-ST-ZIP AKE CITY, FC 32024 President Knowles, Jessie L. ☐ Delete TITLE **Change** ☐ Addition TITLE NAME KNOWLES, LINDA LEE NAME 730 SE NASSAU ST. STREET ADDRESS STREET ADDRESS 5801 S.W. 5R41 Ke City FL 32024 CITY-ST-ZIP LAKE CITY FL 32025 CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition KNOWLES, LINDA Lea 5801 SW. 5'R 41 CREWS, RHOMDA L NAME NAME 730 SEXASSAU ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32025 CITY-ST-ZIP THLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

DEFICER OR DIRECTOR

FILED

2-16-05 386-755-6441