

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97350

**FILED**  
**Jan 24, 2008**  
**Secretary of State**

**Entity Name:** KOBIE MARKETING, INC.

**Current Principal Place of Business:**

100 2ND AVENUE, S.  
SUITE 1000  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 2ND AVENUE, S.  
SUITE 1000  
ST PETERSBURG, FL 33701 US

**New Mailing Address:**

**FEI Number:** 59-3099468      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HECHTKOPF, BONNIE M.  
973 31ST AVENUE NE  
ST. PETERSBURG, FL 337042326 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HECHTKOPF, BONNIE M  
Address: 973 31ST AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33704

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: HECHTKOPF, BONNIE M  
Address: 973 31ST AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33704

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN P. JORDAN

MRS.

01/24/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date