


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # 301691 1. Entity Name K-BOB, INC.		
Principal Place of Business 1233 N RIVER RD LABELLE, FL 33935 US		Mailing Address 8405 NORTH 675 EAST OSSIAN, IN 46777 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BULMAHN, HUGO 1233 N. RIVER ROAD LABELLE, FL 33935		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	BULMAHN, GERALD	
STREET ADDRESS	7161 N 400 W	
CITY-ST-ZIP	DECATUR, IN 46733	
TITLE	ST	
NAME	NAHRWOLD, MAXINE	
STREET ADDRESS	8405 N 675 E	
CITY-ST-ZIP	OSSIAN, IN 46777	
TITLE	VD	
NAME	BULMAHN, KENNETH	
STREET ADDRESS	283 SPRINGWOOD	
CITY-ST-ZIP	IDAHO FALLS, ID 834048104	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 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: <u>Maxine Nahrwold</u> MAXINE NAHRWOLD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-7-06 260-597-7216 <small>Date Daytime Phone #</small>



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1973476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/11/06-80044-007 150.00