2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 301691

1. Entity Name
K-BOB, INC.

Principal Place of Business	Mailing Address
1233 N RIVER RD LABELLE, FL 33935　US	8405 NORTH 675 EAST OSSIAN, IN 46777　US

DO NOT WRITE IN THIS SPACE

FILED
Jan 19, 2007 08:00 AM
Secretary of State

01152007　　No Chg-P　　CR2E034 (11/05)

4. FEI Number	Applied For
59-1973476	Not Applicable

5. Certificate of Status Desired　☐　**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BULMAHN, HUGO
1233 N. RIVER ROAD
LABELLE, FL 33935

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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 _____
Signature, typed or printed name of registered agent and title if applicable.　　(NOTE: Registered Agent signature required when reinstating)　　DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution.　☐	**$5.00** May Be Added to Fees	U00000592944 01/22/07 00011 017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Maxine Nahrwold* MAXINE NAHRWOLD　1-15-07　260-597-7216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #