

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 301691

Entity Name: K-BOB, INC.

FILED
Jan 31, 2008
Secretary of State

Current Principal Place of Business:

1233 N RIVER RD
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

8405 NORTH 675 EAST
OSSIAN, IN 46777 US

New Mailing Address:

FEI Number: 59-1973476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HALPEN, DAVID M ESQ.
249 ROYAL PALM WAY
SUITE 501
PALM BEACH, FL 33480 US

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: DAVID M. HALPEN

01/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BULMAHN, GERALD,
Address: 7161 N 400 W
City-St-Zip: DECATUR, IN 46733

Title: ST () Delete
Name: NAHRWOLD, MAXINE,
Address: 8405 N 675 E
City-St-Zip: OSSIAN, IN 46777

Title: VD () Delete
Name: BULMAHN, KENNETH,
Address: 283 SPRINGWOOD
City-St-Zip: IDAHO FALLS, ID 834048104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAXINE NAHRWOLD

ST

01/31/2008

Electronic Signature of Signing Officer or Director

Date