


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # 356859 1. Entity Name KAHN GROVE SERVICE CO.	
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Principal Place of Business 220 SOUTH COMMERCE AVE SEBRING, FL 33870	Mailing Address PO BOX 3346 SEBRING, FL 33870
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1278736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KAHN, MARVIN
220 SOUTH COMMERCE AVE
SEBRING, FL 33870

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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000784737 01/16/08-80064-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KAHN, MARVIN 2207 NE LAKEVIEW DRIVE SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUBERLEY, WAYNE 2103 COVINGTON SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAHN, ELSA 2207 N.E. LAKEVIEW DRIVE SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EIDENBERGER, TOM 3011 DUFFER RD. SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Wayne Douberley* 1/10/08 863-385-6136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #