

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90401 011 \*\*\*150.00

**DOCUMENT # 521698**

1. Entity Name

THE M.K.B. CORP.



Principal Place of Business

5160 LAKE OSBORNE DR  
P.O. BOX 4082, LANTANA, FL  
LAKE WORTH FL 33461

Mailing Address

5160 LAKE OSBORNE DR  
P.O. BOX 4082, LANTANA, FL  
LAKE WORTH FL 33461

24000400



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1737957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAHANT, NORMAN  
5160 LAKE OSBORNE DR.  
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete  
NAME MARCINKOSKI, LOIS  
STREET ADDRESS 1065 RIDGE RD  
CITY-ST-ZIP LANTANA FL

TITLE T ☐ Delete  
NAME KAHANT, DELLENE  
STREET ADDRESS 5160 LAKE OSBORNE DR  
CITY-ST-ZIP LAKE WORTH FL

TITLE PD ☐ Delete  
NAME MARCINKOSKI, RAYMOND  
STREET ADDRESS 1065 RIDGE ROAD  
CITY-ST-ZIP LANTANA FL

TITLE VD ☐ Delete  
NAME KAHANT, NORMAN  
STREET ADDRESS 5160 LAKE OSBORNE DR  
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Norman KAHANT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN KAHANT

4-02-04 (561)585-5877

Date

Daytime Phone #