

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

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**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, DELLENE
5160 LAKE OSBORNE DR.
LAKE WORTH, FL 33461**

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MARCINKOSKI, LOIS
STREET ADDRESS	1065 RIDGE RD
CITY - ST - ZIP	LAKE WORTH, FL 33462
TITLE	VSD
NAME	KAHANT, DELLENE
STREET ADDRESS	5160 LAKE OSBORNE DR
CITY - ST - ZIP	LAKE WORTH, FL 33461
TITLE	PD
NAME	MARCINKOSKI, RAYMOND
STREET ADDRESS	1065 RIDGE ROAD
CITY - ST - ZIP	LANTANA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/08/08-80009-010 150.00

**DO NOT WRITE
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:

Dellene Kahant **Dellene Kahant**

2-15-08 **2-15-08 (561) 585-5877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #