

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G84124

FILED
Feb 25, 2009
Secretary of State

Entity Name: KAROB INSTRUMENT, INC.

Current Principal Place of Business:

1644 NE 22ND AVE
D
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

1644 NE 22ND AVE
D
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 11-2038343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOZIER, G. SHEPPARD W.
13 NORTHEAST FIRST AVE.
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WINDISCHMANN, ROBERT,
Address: 6172 NE 64TH ST
City-St-Zip: SILVER SPRINGS, FL 34488

Title: P () Delete
Name: WINDISCHMANN, KARL C, .
Address: 333 NW 56TH ST
City-St-Zip: OCALA, FL 34475

Title: ST () Delete
Name: WRIGHT, ANDREA,
Address: 4820 SE 3RD STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WINDISCHMANN, ROBERT,
Address: 6172 NE 64TH ST
City-St-Zip: SILVER SPRINGS, FL 34488

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: ANDREA WRIGHT

ST

02/25/2009

Electronic Signature of Signing Officer or Director

Date