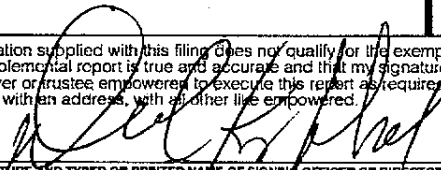


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # H43416 1. Entity Name KABBOORD PROPERTIES, INC.		
Principal Place of Business C/O JOHN J. KABBOORD, JR. 3201 N. ATLANTIC AVE. COCOA BEACH, FL 32931	Mailing Address C/O JOHN J. KABBOORD, JR. 3201 N. ATLANTIC AVE. COCOA BEACH, FL 32931	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KABBOORD, JOHN J., JR. 775 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952		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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KABBOORD, JOHN J. S 3201 N. ATLANTIC AVE COCOA BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KABBOORD, WILLIAM J. 3201 N. ATLANTIC AVE. ST COCOA BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KABBOORD, MARK D. 3201 N. ATLANTIC AVE. ST COCOA BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KABBOORD, DAVID 3201 N. ATLANTIC AVE COCOA BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 or without other like empowered.		
SIGNATURE: 		4/23/04 (321) 783-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2645567

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000136734
04/28/04-80039-010 150.00

**DO NOT WRITE
IN THIS SPACE**