

FILED
Jan 23, 2006 8:00 am
Secretary of State

60004907

DOCUMENT # K08930			
1. Entity Name KILBOURNE & SONS, INC.			
Principal Place of Business 113 NE 4TH AVE DELRAY BEACH, FL 33483 US		Mailing Address 113 NE 4TH AVE DELRAY BEACH, FL 33483 US	
2. Principal Place of Business 336 NE 3rd Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 83-2114 Suite, Apt. #, etc.	
City & State Delray Bch FL		City & State Delray Bch FL	
Zip 33447		Zip 33483	
Country USA		Country USA	
4. FEI Number 65-0061571		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOLEN, STEVE W 2201 S.W. 35TH AVENUE DELRAY BCH, FL 33445		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: <u>Marsha Dolen</u> DATE: <u>1/31/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP D DOLEN, STEVE W 2201 SW 35TH AVE DELRAY BCH, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP D DOLEN, MARSHA L. 2201 SW 35TH AVE DELRAY BCH, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP D KILBOURNE, MARK 4163 FOX TRACE BOYNTON BEACH, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
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: <u>Marsha Dolen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1/31/06</u> 561-448-7040 Daytime Phone:	