

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K08930

Entity Name: KILBOURNE & SONS, INC.

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

113 NE 4TH AVE  
DELRAY BEACH, FL 33447 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6219  
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

FEI Number: 65-0061571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOLEN, STEVE W  
2201 S.W. 35TH AVENUE  
DELRAY BCH, FL 33445 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DOLEN, STEVE W  
Address: 2201 SW 35TH AVE  
City-St-Zip: DELRAY BCH, FL

Title: D  
Name: DOLEN, MARSHA L.  
Address: 2201 SW 35TH AVE  
City-St-Zip: DELRAY BCH, FL

Title: D  
Name: KILBOURNE, MARK  
Address: 4163 FOX TRACE  
City-St-Zip: BOYNTON BEACH, FL

I hereby 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 all other like empowered.

SIGNATURE: MARSHA DOLEN

D

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date