2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80022

FILED Apr 15, 2004 Secretary of State

Entity Name: KOBRIN BUILDERS SUPPLY OF ORANGE CITY, INC.

Current Principal Place of Business: New Principal Place of Business: DELAND, FL 32724 **Current Mailing Address: New Mailing Address:** PO BOX 740067 1924 W PRINCETON STREET ORANGE CITY, FL 327740067 ORLANDO, FL 32804 FEI Number: 59-2887631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOBRIN, HARVEY N 1924 WEST PRINCETON STREET ORLANDO, FL 32804 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KOBRIN, HARVEY Name: Name: 1924 WEST PRINCETON STREET Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: DV Title: Title: () Delete () Change () Addition Name: DAVIS, MICHAEL S Name: 1924 WEST PRINCETON STREET Address: Address: ORLANDO, FL 32804 City-St-Zip: City-St-Zip: Title: Title: DST (X) Delete () Change () Addition KOBRIN, NANCYE Name: Name: 1924 WEST PRINCETON STREET Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition WARD, RUSSELL WARD, RUSSELL Name: Name: Address: 2121 SR 472 Address: 2121 SR 472 City-St-Zip: DELAND, FL 32774 DELAND, FL City-St-Zip: Title: AS Title: (X) Change () Addition () Delete WINTER, JANET G Name: Name: MORELL, KRISTIE A 1924 WEST PRINCETON Address: 1924 WEST PRINCETON Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KRISTIE A MORELL S 04/15/2004