


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M80022 1. Entity Name KOBIN BUILDERS SUPPLY OF ORANGE CITY, INC.	
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Principal Place of Business 2121 SR 472 DELAND, FL 32724	Mailing Address 1924 W PRINCETON STREET ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2887631	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KOBIN, HARVEY N.
1924 WEST PRINCETON STREET
ORLANDO, FL 32804

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KOBIN, HARVEY 1924 WEST PRINCETON STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DAVIS, MICHAEL S 1924 WEST PRINCETON STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WARD, RUSSELL 2121 SR 472 DELAND, FL 32774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NAKAMOTO, KRISTIE A 1924 WEST PRINCETON ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/19/08-80003-012 150.00

DO NOT WRITE IN THIS SPACE

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: *K Nakamoto* *K Nakamoto* **4-20-08** **843 1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #