

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N12273</b>			
1. Entity Name <b>KENT PROFESSIONAL BUILDING OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>2750 RINGLING BLVD STE 3 SARASOTA, FL 34236</b>	Mailing Address <b>2750 RINGLING BLVD STE 3 SARASOTA, FL 34236</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		04262007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>59-2613633</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>TOALE, JAMES E 2750 RINGLING BLVD SUITE 3 SARASOTA, FL 34237</b>			
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>James E. Toale</u>		DATE <u>4/26/07</u>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U000000747544 05/17/07-80029-004 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHEB, ROBERT P 2750 RINGLING BLVD STE 3 SARASOTA, FL 34237		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TOALE, JAMES E 2750 RINGLING BLVD STE 3 SARASOTA, FL 34237		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GEORGE, EUGENE 2750 RINGLING BLVD STE 3 SARASOTA, FL 34237		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARTRUFF, KENT J 2750 RINGLING BLVD STE 3 SARASOTA, FL 34237		
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 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 617, 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: 		4-26-07 941-366-4683	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	