


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90005 030 \*\*\*150.00

DOCUMENT # P00000054011 1. Entity Name KOBIN BUILDERS SUPPLY OF SARASOTA, INC.	
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Principal Place of Business 1688 GLOBAL CT. SARASOTA, FL 34240	Mailing Address 1924 WEST PRINCETON STREET ORLANDO, FL 32804
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**DO NOT WRITE IN THIS SPACE**



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3646532	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LEFKOWITZ, IVAN M 430 NORTH MILLS AVE. ORLANDO, FL 32803
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KORBIN, HARVEY N 1924 WEST PRINCETON STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DAVIS, MICHAEL S 1924 WEST PRINCETON STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, PATRICK M 1924 WEST PRINCETON STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAKAMOTO, KRISTIE A 1924 W PRINCETON STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: <i>K Nakamoto</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>K Nakamoto</i> Date	2-27-07 Daytime Phone #	407 8431000
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