


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90055 014 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|---|--|---|---|
| DOCUMENT # P00000062148 | |  | |
| 1. Entity Name KBCB MANAGEMENT, INC. | | | |
| Principal Place of Business 405 SW ATLANTIC DR. LANTANA, FL 33462 | | Mailing Address 405 SW ATLANTIC DR. LANTANA, FL 33462 | |
| 2. Principal Place of Business - No P.O. Box # 270 South County Road | | 3. Mailing Address 270 South County Road | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Palm Beach, FL | | City & State Palm Beach, FL | |
| Zip 33480 | Country | Zip 33480 | Country |
| 4. FEI Number 65-1017724 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BROWN, KENNETH W 405 SW ATLANTIC DR. LANTANA, FL 33462 | | 7. Name and Address of New Registered Agent Name Doris Shaw Street Address (P.O. Box Number is Not Acceptable) 270 South County Road City Palm Beach FL Zip Code 33480 | |
| 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>Doris Shaw</u> DATE: <u>3/26/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, KENNETH W 405 SW ATLANTIC DR. LANTANA, FL 33462 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, WENDY 405 SW ATLANTIC DR. LANTANA, FL 33462 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P D Brown, Wendy 270 South County Road Palm Beach, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Wendy Brown</u> DATE: <u>3/26/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |