2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

NO TYPED OR PRINTED NAME

## Jan 22, 2007 08:00 AM DOCUMENT # P00000087776 **Secretary of State** 1. Entity Namo BOBBY KAJAK PLUMBING, INC. Mailing Address Principal Place of Business 11648 57TH RD. NORTH 11648 57TH RD. NORTH ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 3. Mailing Address 2. Principal Place of Business - No P.O. Box # CR2E034 (10/06) 1st MOORE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number 65-1042253 City & Stato Not Applicable City & Stato \$8.75 Additional Country 5. \_Certificate of Status Desired Zip Fee Required Country KAJAK, KRISTA 11648 57TH RD. NORTH Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM BEACH FL 33411 Zip Code 8. The above named onlity 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 Signature, lyped or printed harno of registered agent and title if applicable. (NOTE: Registered Agent signature registed when reinstainty) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Addition Change 6333 ☐ Delcle mil KAJAK, BOBBY NAME NAME 11648 57TH RD. NORTH STREET ADDRESS STREET ADORESS U00000595912 **ROYAL PALM BEACH FL 33411** CJTY-ST-ZIE CITY-SI-ZIP 150.00Addition 11111 Delete TATLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST-7(P CITY - S1 - ZIP Dolele ☐ Change Addition HILL TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition Delete SIDEET ADDODESS STREET ADDRESS CHY-SL-7/P CHY-SI-ZIP ☐ Change Addition Ille Defete TITLE NAME NAMI STREET LADDRESS STALL LADDRESS CHY-ST-ZIP CHY-SI-76 TOTE ☐ Change Addition IIII Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CifY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an efficer 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

**FILED**