


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90288 012 \*\*\*150.00

<b>DOCUMENT # P00000102276</b> 1. Entity Name <b>KOFF INC.</b>																																											
Principal Place of Business <b>500 S BELCHER RD NO 78 LARGO, FL 33771</b>		Mailing Address <b>500 S BELCHER RD NO 78 LARGO, FL 33771</b>																																									
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>12253 COUNTRY WHITE CIR</b>  Suite, Apt. #, etc.																																									
City & State  Zip		City & State <b>TAMPA, FL</b> Zip <b>33635</b>																																									
Country		Country																																									
4. FEI Number <b>59-3688941</b>		Applied For <input checked="" type="checkbox"/> Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																									
6. Name and Address of Current Registered Agent  <b>CORLETT, WENDY 16017 N FLORIDA AVE SUITE 129 LUTZ, FL 33549</b>		7. Name and Address of New Registered Agent Name <b>WENDY CORLETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>202 CRYSTAL GROVE BLVD</b> City <b>LUTZ</b>																																									
State <b>FL</b>		Zip Code <b>33548</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 <b>WENDY CORLETT</b> DATE <b>5-4-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																											
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width:50%;"> <b>D YUSUF OLUSHOLA B</b>  <b>500 S BELCHER RD NO 78</b>  <b>LARGO, FL 33771</b> </td> <td style="width:50%;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D YUSUF OLUSHOLA B</b> <b>500 S BELCHER RD NO 78</b> <b>LARGO, FL 33771</b>	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width:50%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>[Signature]</b> DATE: <b>5/4/05</b> DAYTIME PHONE: <b>727-424-8968</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																											

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