2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# P00000103561

Entity Name: KAB CO. INC.

Current Principal Place of Business:

10135-A SOUTH US #1
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

10181 SOUTH US #1
PORT ST. LUCIE, FL 34952

Current Mailing Address:

10135-A SOUTH US #1
PORT ST. LUCIE, FL 34952

New Mailing Address:

10181 SOUTH US #1
PORT ST. LUCIE, FL 34952

FEI Number: 65-1051762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYLES, KARAN A
629 NE LIMA VIAS
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOYLES, KARAN A
Address: 629 NE LIMA VIAS
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP ( ) Delete
Name: BOYLES, PATRICK
Address: 629 NE LIMA VIAS
City-St-Zip: JENSEN BEACH, FL 34957

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BOYLES, MONICA L
Address: 629 NE LIMA VIAS
City-St-Zip: JENSEN BEACH, FL 34957

Title: S/T ( ) Change (X) Addition
Name: SIMEON, HEATHER M
Address: 842 BLOOMINGDALE DRIVE
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARAN BOYLES P 02/01/2005
Electronic Signature of Signing Officer or Director Date