

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90073 026 ***150.00

DOCUMENT # P02000055268

1. Entity Name
KORE SYSTEMS, INC.



Principal Place of Business Mailing Address
P.O. BOX 661 **P.O. BOX 661**
GULF BREEZE, FL 32562 US **GULF BREEZE, FL 32562 US**
1414 HOMEPORT DRIVE **1414 HOMEPORT DRIVE**
NAVARRE, FL 32566 **NAVARRE, FL 32566**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03252005 Chg-P CR2E034 (10/03)

4. FEI Number **04-3679328** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILBURN, JASON F
1683 BULEVAR MAYOR
PENSACOLA BEACH, FL 32561
1414 HOMEPORT DRIVE
NAVARRE, FL 32566

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------|--|---|---------------------------------|
| P | WILBURN, JASON F | P.O. BOX 661 1414 HOMEPORT DRIVE | GULF BREEZE, FL 32562 NAVARRE, FL 32566 | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|--|---|---------------------------------|-----------------------------------|
| TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td></td></td> | NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td></td> | STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td> | CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td></td></td> | NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td></td> | STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td> | CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td></td></td> | NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td></td> | STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td> | CITY-ST-ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | <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: *JASON F. WILBURN* **JASON F. WILBURN** 3/30/05 850-936-0087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #