

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000064148

1. Entity Name  
KROWN BUILDER'S SUPPLY, INC.



Principal Place of Business  
2900 BURKE STREET  
JACKSONVILLE, FL 32254

Mailing Address  
404 BEVERLY LANE  
JACKSONVILLE, FL 32254

**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
68-0509265

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

MIDYETE, STEVEN A  
2900 BURKE STREET  
JACKSONVILLE, FL 32254

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not on filing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|                |                        |
|----------------|------------------------|
| TITLE          | D                      |
| NAME           | MIDYETTE, STEVEN A     |
| STREET ADDRESS | 2900 BURKE STREET      |
| CITY-STATE-ZIP | JACKSONVILLE, FL 32254 |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-STATE-ZIP |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-STATE-ZIP |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-STATE-ZIP |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-STATE-ZIP |                        |

000000957971  
08/18/08-80010-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 my address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-08 904-693-4874

Date

License/Phone #