


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90005 014 ***158.75

DOCUMENT # P03000059548			
1. Entity Name KOLOBOK, INC.			
Principal Place of Business P.O.BOX 151791 CAPE CORAL FL 33915		Mailing Address P.O.BOX 151791 CAPE CORAL FL 33915	
2. Principal Place of Business P.O. BOX 151791 Suite, Apt. #, etc. Cape coral City & State FL Zip 33915 Country USA		3. Mailing Address 1208 SE 15 TERR Suite, Apt. #, etc. Cape coral City & State FLORIDA Zip 33990 Country USA	



MOORE CR2E034 (4/04)

4. FEI Number 83-0359733		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOVALCHUK, MALICA 1208 SE 15TH TERR CAPE CORAL FL 33990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 MALICA KOVALCHUK DATE 8.21.04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVALCHUK, NICOLAI P.O.BOX 151791 CAPE CORAL FL 33915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVALCHUK, MALICA P.O.BOX 151791 CAPE CORAL FL 33915 <input type="checkbox"/> Delete	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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
241081537

TO: DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
PO BOX 6850
TALLAHASSEE, FL 32314

FROM: KOLOBOK, INC
1208 SE 15TH TERR
CAPE CORAL, FL 33990

RE: 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)
DOCUMENT # P03000059548

Dear Sir/Madam,

Due to the fact that we have not received the annual report before May, 2004 and this is our first year in business, please excuse the penalty of \$400.00. Enclosed find a check for \$150.00 for annual report plus \$8.75 for Certificate of Status.

Sincerely,



Malica Kovalchuk
Kolobok, Inc.