## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P03000060400

KKB CONSTRUCTION, INC.



**FILED** Jan 11, 2008 08:00 A Secretary of State

Principal Place of Business

902 N GADSDEN ST TALLAHASSEE, FL 32303 Mailing Address

902 N GADSDEN ST TALLAHASSEE, FL 32303



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1780959

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BASS, KAREN K 902 N GADSDEN ST TALLAHASSEE, FL 32303			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 tritle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D BASS, KAREN K 902 N GADSDEN ST TALLAHASSEE, FL 32303 V BASS, EDWARD N 902 N GADSDEN ST TALLAHASSEE, FL 32303	TORS		DO	000000781199 01/15/08-80025-001 158.75 NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>*</sup>	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 of 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*やくロー*ススユ-336