

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000068589

1. Entity Name
KOBIN BUILDERS SUPPLY OF OCALA, INC.



Principal Place of Business
**1419 SW 12TH AVE
OCALA, FL 34474**

Mailing Address
**1924 W PRINCETON
ORLANDO, FL 32804**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1699916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEFKOWITZ, IVAN M
1924 WEST PRINCETON STREET
ORLANDO, FL 32804**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KORBIN, HARVEY N
STREET ADDRESS	1924 WEST PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	SVD
NAME	DAVIS, MICHAEL S
STREET ADDRESS	1924 WEST PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	VP
NAME	JENKINS, CURTIS W
STREET ADDRESS	1924 W PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	S
NAME	NAKAMOTO, KRISTIE A
STREET ADDRESS	1924 W PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 an address, with all other like empowered.

SIGNATURE *K Nakamoto* *K Nakamoto* **1-4-06** **407 843 1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #