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Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90160 009 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000070741

1. Entity Name
KOEBER, INC.

14003092

Principal Place of Business	Mailing Address
600 N. CONGRESS AVE. STE 300A DELRAY BEACH, FL 33445	600 N. CONGRESS AVE. STE 300A DELRAY BEACH, FL 33445

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	1747 NW 91 AVE
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State	City & State CORAL SPRINGS FL
Zip / Country	Zip 33071 / Country

4. FEI Number 77-0603998 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, STEVE W
3345 PINEWALK DR N
#207
MARGATE, FL 33063

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 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	P MARTIN, STEVE 3945 PINEWALK DR N #207 MARGATE, FL 33063	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARTIN, SARAH 3345 PINEWALK DR N #207 MARGATE, FL 33063	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WHITFIELD PRESSWEGER IV 1747 NW 91 AVE CORAL SPRINGS FL 33071	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4-26-05 954 565-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

14003692

#P03000070741

PLEASE MAIL CERTIFICATE
OF STATUS TO:
WHIT DRESSINGER
1747 NW 91 AVE
CORAL SPRINGS FL 33071