2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079893

Entity Name: K. & B. DESCLEFS, INC.

City-St-Zip:

JACKSONVILLE, FL 32207

FILED Apr 25, 2008 Secretary of State

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Current P	rincipal Plac	e of Business:	New Principal Plac	New Principal Place of Business:	
3740 BEACH BOULEVARD SUITE 201-A JACKSONVILLE, FL 32207				231 NORTH LAURA STREET JACKSONVILLE, FL 32202	
Current M	lailing Addre	ss:	New Mailing Addre	New Mailing Address:	
3740 BEACH BOULEVARD SUITE 201-A JACKSONVILLE, FL 32207			231 NORTH LAURA STREET JACKSONVILLE, FL 32202		
FEI Number	: 43-2024421	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SUITE 201 JACKSON	CH BOULEV/ I-A IVILLE, FL 32	207 US			
	enamed entity e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (DESCLEFS, B 1501 MAYFAII JACKSONVILL	R RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (DESCLEFS, K 1501 MAYFAII JACKSONVILL	R RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	FALCK, WILLI) Delete AM E ESQ ASIN DRIVE SOLITH	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WILLIAM E. FALCK VP 04/25/2008