


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90067 038 ***150.00

DOCUMENT # P03000093452

1. Entity Name
KEVIN KORB, INC.



Principal Place of Business
**2728 12TH ST N
 ST PETERSBURG, FL 33704**

Mailing Address
**2728 12TH ST N
 ST PETERSBURG, FL 33704**

2. Principal Place of Business - No P.O. Box #
232 15TH AVE S

3. Mailing Address
232 15TH AVE S

Suite, Apt. #, etc.

City & State
ST PETERSBURG FL

City & State
ST PETERSBURG FL


Zip
33701

Country
PINELLAS

Zip
33704

Country
PINELLAS

4000000



04302007 Chg-P CR2E034 (12/06)

4. FEI Number
54-2122954

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KORB, KEVIN
 2728 12TH ST. N
 SAINT PETERSBURG, FL 33704**

7. Name and Address of New Registered Agent
 Name
KORB, KEVIN
 Street Address (P.O. Box Number is Not Acceptable)
232 15TH AVE S
 City
ST PETERSBURG FL Zip Code
33701

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: *Kevin Korb* (NOTE: Registered Agent signature required when reinstating) DATE: **4/30/07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KORB, KEVIN 2728 12TH ST N ST PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KORB, KEVIN 232 15TH AVE S ST PETERSBURG FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kevin Korb* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **4/30/07** Daytime Phone #