


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000139839. 1. Entity Name KOBO ATLANTIC, INC.	
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Principal Place of Business 5119 JUNGLE PLUM ROAD SARASOTA, FL 34242	Mailing Address 5119 JUNGLE PLUM ROAD SARASOTA, FL 34242
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DO NOT WRITE IN THIS SPACE



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0427857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHEA, JOHN J 2940 S. TAMiami TRAIL SARASOTA, FL 34239	DO NOT WRITE IN THIS SPACE
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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 \$/50.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000947926 06/02/08-80035-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KORSCH, FRIEDRICH A 5119 JUNGLE PLUM ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KORSCH, HEIDI 5119 JUNGLE PLUM ROAD SARASOTA, FL 34242
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **4-30-08** **941 349-2277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #