2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2005 8:00 am Secretary of State

DOCUMENT # P04000030479 1. Entity Name KORB ENGINEERED SYSTEMS, INC.					01-14-2005	90008 00)1 ***150	.00
Principal Plac	e of Business	Mailing Address						
361 SAWMILL LANE		361 SAWMILL LANE						
PONTE VEDRA BEACH, FL 32082		PONTE VEDRA BEACH, FL 32082					E000	12650
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2 Principal P	lace of Business	3. Mailing Address						
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Suite, Apt, #, etc.		Suite, Apt. #, etc.		01112005	Chg-P	CR2E	034 (10/03)	
City & State		City & State		4. FEI Numb	07353	253	 -	pplied For
Zip	Country	Zip	Country		of Status Desired		\$8.75 Add	iitional
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered		<u> </u>
				Name				
KORB, MONTE ALAN			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
361 SAWMILL LANE PONTE VEDRA BEACH, FL 32082								· · · · · ·
,4,·*								
			City			FL	Zip Cod	е
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a		egistered office or rec		th, in the State of	Florida. I am	familiar with,	and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contril		\$5.00 May Be Added to Fees			·· ·- ·	
		Trust Fund Contril		Added to Fees	CHANGES TO O	FFICERS ANI	D DIRECTOR:	S IN 11
After Ma	OFFICERS AND PDST	Trust Fund Contril	bution.	Added to Fees	CHANGES TO O	FFICERS ANI	D DIRECTOR:	S IN 11
After Ma	OFFICERS AND PDST KORB, MONTE ALAN	Trust Fund Contril DIRECTORS	11.	Added to Fees	CHANGES TO O	FFICERS ANI		
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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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

1-11-05

904-285-1525

Daytime Phone #