

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031342

Entity Name: JAMES KOLLEN INC.

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

1015 FACONER ST NW
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

1015 FACONER ST NW
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 13-4276822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLLEN, JAMES
1015 FACONER ST NW
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOLLEN, JAMES
Address: 1015 FACONER ST NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: BECKER, JOHN
Address: 1015 FALCONER ST. NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: COSTA, TIM
Address: 202 ELDRON BLVD.
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES KOLLEN

P

04/14/2008

Electronic Signature of Signing Officer or Director

Date