

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90065 014 \*\*\*150.00

**DOCUMENT # P05000001724**

1. Entity Name  
**KEBCO CONSULTING GROUP INC.**



Principal Place of Business  
**5750 LOS PALMA VISTA DRIVE  
ORLANDO, FL 32837**

Mailing Address  
**5750 LOS PALMA VISTA DRIVE  
ORLANDO, FL 32837**

2. Principal Place of Business - No P.O. Box #  
**3506 COMMUNITY DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**3506 COMMUNITY DR**  
Suite, Apt. #, etc.



04092007 Chg-P CR2E034 (12/06)

City & State  
**JUPITER**

City & State  
**JUPITER**

4. FEI Number  
**76-0775371**

Applied For  
Not Applicable

Zip  
**33458**

Country  
**US**

Zip  
**33458**

Country  
**US**

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

6. Name and Address of Current Registered Agent

**BLUMBEK, KENNETH E  
5750 LOS PALMA VISTA DRIVE  
ORLANDO, FL 32837**

7. Name and Address of New Registered Agent

Name  
**BLUMBEK, KENNETH E.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3506 COMMUNITY DR.**

City  
**JUPITER** **FL** Zip Code  
**33458**

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 **KENNETH E. BLUMBEK**  
(NOTE: Registered Agent signature required when reinstating)

**4/9/07**  
DATE

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLUMBEK, KENNETH E 5750 LOS PALMA VISTA DRIVE ORLANDO, FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLUMBEK, KENNETH E. 3506 COMMUNITY DR. JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **KENNETH E. BLUMBEK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/07** **(407)697-1405**  
Date Daytime Phone #