

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011324

Entity Name: KOLBE CORPORATION

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

806 FLORIDA ST
#3
KEY WEST, FL 33040 US

New Principal Place of Business:

1214 KNOWLES LN
KEY WEST, FL 33040 US

Current Mailing Address:

P.O. BOX 4347
KEY WEST, FL 33041 US

New Mailing Address:

FEI Number: 20-2199368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLBE, DANIEL D
806 FLORIDA ST.
#3
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

KOLBE, DANIEL D
1214 KNOWLES LN
KEY WEST, FL 33040 US

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: DANIEL KOLBE

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOLBE, DANIEL D
Address: P.O. BOX 4347
City-St-Zip: KEY WEST, FL 33041 US

Title: VP () Delete
Name: KOLBE, JULIE S
Address: P.O. BOX 4347
City-St-Zip: KEY WEST, FL 33041 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DANIEL KOLBE

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date