

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025849

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: KOHLER CONSTRUCTION SERVICES, INC.

## Current Principal Place of Business:

6425 - 53RD STREET NORTH  
PINELLAS PARK, FL 33781 US

## New Principal Place of Business:

## Current Mailing Address:

6425 - 53RD STREET NORTH  
PINELLAS PARK, FL 33781

## New Mailing Address:

6425 - 53RD STREET NORTH  
PINELLAS PARK, FL 33781 US

FEI Number: 20-2373081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KOHLER, JOSEPH W  
6425 - 53RD STREET NORTH  
PINELLAS PARK, FL 33781 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, D ( ) Delete  
Name: KOHLER, JOSEPH W  
Address: 6425 - 53RD STREET NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete  
Name: KOHLER, ALVIN W  
Address: 6425 - 53RD STREET NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: VP ( ) Delete  
Name: REIGHARD, GARY  
Address: 6425 - 53RD STREET NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: S, T ( ) Delete  
Name: LICAVOLI, JOANN  
Address: 6425 - 53RD STREET NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

## 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:

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: JO ANN LICAVOLI

SEC

01/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date