


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90239 028 ***150.00

DOCUMENT # P05000079657 1. Entity Name KOVACH INTERNATIONAL, INC.					
Principal Place of Business 3529 SILVER LEAF DRIVE ORANGE PARK, FL 32065 US			Mailing Address 3529 SILVER LEAF DRIVE ORANGE PARK, FL 32065 US		
2. Principal Place of Business 1854 W. COBBLESTONE LANE		3. Mailing Address 1854 W. COBBLESTONE LANE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ST. AUGUSTINE, FL		City & State ST. AUGUSTINE, FL		4. FEI Number 20-3394590	
Zip 32092		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOVACH, FRANK E 3529 SILVER LEAF DRIVE ORANGE PARK, FL 32065		7. Name and Address of New Registered Agent Name KOVACH INTERNATIONAL, INC. Street Address (P.O. Box Number is Not Acceptable) 1854 W. COBBLESTONE LANE City ST. AUGUSTINE FL Zip Code 32092			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/27/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P,D KOVACH, FRANK E 3529 SILVER LEAF DRIVE ORANGE PARK, FL 32065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P,D KOVACH, FRANK E 1854 W. COBBLESTONE LANE ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP,D KOVACH, TERESA M 3529 SILVER LEAF DRIVE ORANGE PARK, FL 32065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP,D KOVACH, TERESA M 1854 W. COBBLESTONE LANE ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/T KOVACH, TERESA M 3529 SILVER LEAF DRIVE ORANGE PARK, FL 32065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/T KOVACH, TERESA M 1854 W. COBBLESTONE LANE ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/27/06 Daytime Phone # 904-318-0138		