

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90011 033 \*\*\*150.00



**DOCUMENT # P05000110465**  
 1. Entity Name  
 KOVACH HOLDINGS, INC.

Principal Place of Business  
 8710 HIDDEN GREEN LANE  
 TAMPA, FL 33647

Mailing Address  
 8710 HIDDEN GREEN LANE  
 TAMPA, FL 33647

2. Principal Place of Business  
 7908 PROFESSIONAL PLACE

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 TAMPA FL

City & State

Zip  
 33637

Country

01172006 Chg-P CR2E034 (11/05)

4. FEI Number  
 75-3199105

Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
 FIFNER, DAVID A  
 11700 58TH STREET N STE A  
 TEMPLE TERRACE, FL 33617

7. Name and Address of New Registered Agent  
 Name  
 STEPHEN KOVACH

Street Address (P.O. Box Number is Not Acceptable)  
 8710 HIDDEN GREEN LANE

City  
 TAMPA FL

Zip Code  
 33647

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 STEPHEN KOVACH DATE 4/17/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	STEPHEN KOVACH <input type="checkbox"/> Delete
NAME	8710 HIDDEN GREEN LANE
STREET ADDRESS	TAMPA FL 33647
CITY-ST-ZIP	
TITLE D	STEPHANIE KOVACH <input type="checkbox"/> Delete
NAME	8710 HIDDEN GREEN LANE
STREET ADDRESS	TAMPA FL 33647
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: STEPHEN KOVACH DATE 4/17/06 813 985-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR