


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90048 020 ***150.00

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| DOCUMENT # P06000030571 |  |
| 1. Entity Name KCROBLEE INC. | |

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| Principal Place of Business 2950 BAYSHORE POINTE DRIVE TAMPA, FL 33611 | Mailing Address 2950 BAYSHORE POINTE DRIVE TAMPA, FL 33611 |
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60054581



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| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

07302007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 510572246 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| HOLLENKAMP, ROBERT 2950 BAYSHORE POINTE DRIVE TAMPA, FL 33611 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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| 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 _____ (NOTE: Registered Agent signature required when reinstating) | |
| DATE _____ | |

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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D HOLLENKAMP, ROBERT 2950 BAYSHORE POINTE DRIVE TAMPA, FL 33611 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D HOLLENKAMP, LEE 2950 BAYSHORE POINTE DRIVE TAMPA, FL 33611 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HOLLENKAMP, LEE 2950 BAYSHORE POINTE DRIVE TAMPA, FL 33611 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HOLLENKAMP, ROBERT 2950 BAYSHORE POINTE DRIVE TAMPA, FL 33611 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Lee C Hollenkamp</u> | 8/6/07 813-245-7297 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |