


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90014 010 ***150.00

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DOCUMENT # P07000082323			
1. Entity Name KB IN HOME SERVICES INC			
Principal Place of Business 100 EAST LINTON BLVD SUITE 201A DELRAY BEACH, FL 33483 US		Mailing Address 100 EAST LINTON BLVD SUITE 201A DELRAY BEACH, FL 33483 US	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SKOPAS, DIANE 1730 SOUTH FEDERAL HIGHWAY SUITE 257 DEL RAY BEACH, FL 33483		Name: SKOPAS, DIANE Street Address (P.O. Box Number is Not Acceptable): 100 E. LINTON BLVD. SUITE 201A City: DELRAY BEACH FL Zip Code: 33483	
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: <i>Diane Skopas</i> DIANE SKOPAS DATE: 7/7/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRES NAME: BENNETT, KEVIN <input type="checkbox"/> Delete STREET ADDRESS: 1730 SOUTH FEDERAL HIGHWAY STE 258 CITY-ST-ZIP: DEL RAY BEACH, FL 33483	TITLE: PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: BENNETT, KEVIN STREET ADDRESS: 100 E. LINTON BLVD. - SUITE 201A CITY-ST-ZIP: DELRAY BEACH, FL. 33483		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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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 lines empowered.			
SIGNATURE: <i>W. Kevin Bennett</i> (W. KEVIN BENNETT) DATE: 7/9/08 DAYTIME PHONE #: 5612662797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			