

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000092757

1. Entity Name
KOBIN COAL CORPORATION



Principal Place of Business
**16344 MIRA VISTA LANE
DELRAY BEACH, FL 33446**

Mailing Address
**16344 MIRA VISTA LANE
DELRAY BEACH, FL 33446**



DO NOT WRITE IN THIS SPACE

07072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0574885

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOBIN, HERBERT
16344 MIRA VISTA LANE
DELRAY BEACH, FL 33446**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITLE	PT
NAME	KOBIN, HERBERT
STREET ADDRESS	2126 NW 62ND DR
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VS
NAME	KOBIN, RITA
STREET ADDRESS	2126 NW 62ND DR
CITY-ST-ZIP	BOCA RATON, FL
TITLE	V
NAME	NESTER, DANIEL D.
STREET ADDRESS	980 EAST BROAD ST
CITY-ST-ZIP	HAZLETON, PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/12/04-80030-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-09-04