

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000092953
 1. Entity Name
 KOBRIN BUILDERS SUPPLY OF JACKSONVILLE, INC.



Principal Place of Business: 6695-100 COLRAY CT, JACKSONVILLE, FL 32258 US
 Mailing Address: 1924 WEST PRINCETON STREET, ORLANDO, FL 32804



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3287969 Applied For: Not Applicable
 5. Certificate of Status Destred: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEFKOWITZ, IVAN M
 430 N MILLS AVE
 ORLANDO, FL 32803

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: _____ DATE: _____
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	PTD
NAME	KOBRIN, HARVEY
STREET ADDRESS	1924 WEST PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VSD
NAME	DAVIS, MICHAEL S.
STREET ADDRESS	1924 WEST PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VP
NAME	KRAWCZYK, JOHN G
STREET ADDRESS	665-100 COLRAY CT
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	S
NAME	NAKAMOTO, KRISTIE A
STREET ADDRESS	1924 W PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 01/20/06-80010-016 150.00

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: K Nakamoto K Nakamoto 1-4-06 407-843-000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #