


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90005 032 \*\*\*150.00

**DOCUMENT # P94000092953**

1. Entity Name  
**KOBRI BUILDERS SUPPLY OF JACKSONVILLE, INC.**



Principal Place of Business      Mailing Address

6695-100 COLRAY CT      1924 WEST PRINCETON STREET  
 JACKSONVILLE, FL 32258 US      ORLANDO, FL 32804

40025643



02212007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3287969</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

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

**DO NOT WRITE IN THIS SPACE**

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      2-21-07      407-8431000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #