


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000092953	
1. Entity Name KOBRI 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
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3287969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
 430 N MILLS AVE
 ORLANDO, FL 32803

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

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 05/19/08-80003-013 150.00

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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: *KNakamoto* KNakamoto 4-20-08 8431000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #