

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P97000038631

1. Entity Name  
K.B.'S FUN IN THE SUN, INC.



Principal Place of Business  
2824 RIDGE RD  
DAYTONA BEACH SHORES, FL 32127

Mailing Address  
2824 RIDGE RD  
DAYTONA BEACH SHORES, FL 32127



01272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3454853

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JOHN S. NORTON, JR., P.A.  
431 NORTH GRANDVIEW AVE.  
DAYTONA BCH, FL 32118

**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 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 D  
NAME OLSEN, CRAIG  
STREET ADDRESS 2824 RIDGE ROAD  
CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118

TITLE D  
NAME OLSEN, EILEEN  
STREET ADDRESS 2824 RIDGE ROAD  
CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

U000000864017  
04/03/08-80113-022 150.00

**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 CRAIG L. OLSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08 386 547-2449  
Date Daytime Phone #