2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000092451

FILED Apr 15, 2004 Secretary of State

Entity Name: KOBRIN BUILDERS SUPPLY OF TAMPA, INC.

Current Principal Place of Business: New Principal Place of Business: 2001 N 40TH STREET TAMPA, FL 33605 **Current Mailing Address: New Mailing Address:** 1924 WEST PRINCETON STREET ORLANDO, FL 32804 FEI Number: 65-0794906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEFKOWITZ, IVAN M 430 N MILLS AVE ORLANDO, FL 32803 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KOBRIN, HARVEY N Name: Name: 1924 WEST PRINCETON STREET Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: VSD Title: () Delete () Change () Addition Name: DAVIS, MICHAEL S Name: 1924 WEST PRINCETON STREET Address: Address: ORLANDO, FL 32804 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete WINTER, JANET G MORELL, KRISTIE A Name: Name: 1924 WEST PRINCETON STREET 1924 WEST PRINCETON STREET Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804 Title: () Delete Title: VΡ () Change (X) Addition LINDSAY, WILLIAM W Name: Name: Address: Address: 1924 W PRINCETON STREET City-St-Zip: City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIE A MORELL S 04/15/2004