2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000092451

1. Entity Name

KOBRIN BUILDERS SUPPLY OF TAMPA, INC.



Principal Place of Business

2001 N 40TH STREET TAMPA, FL 33605 US Mailing Address

1924 WEST PRINCETON STREET ORLANDO. FL 32804

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



DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0794906 Applied For Not Applicable

5. Certificate of Status Desired

\$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 the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
<u>.</u>	Signature, typed or printed name of registered agent and title in	applicable (NOTE Registered	f Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TÓRS	F	}	
title name street address city-st-zip	PTD KOBRIN, HARVEY N 1924 WEST PRINCETON STREET ORLANDO, FL 32804			en e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DAVIS, MICHAEL S 1924 WEST PRINCETON STREET ORLANDO, FL 32804			· · · · · ·	01/20/06-80010-017 150.00
TITLE NAME STREET ADDRESS GITY-SI-ZIP	S NAKAMOTO, KRISTIE A 1924 WEST PRINCETON STREET ORLANDO, FL 32804			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINDSAY, WILLIAM W 1924 W PRINCETON STREET ORLANDO, FL 32804				
TITLE NAME STREET ADDRESS			Ì		

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.

40.7 - 843

SIGNATURE:

TITLE
HAME
STREET ADDRESS
CITY-ST-ZIP

Makam No

XNokamoto

1-4-06

1000

Daylime Phone #