

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-28-2007 90005 031 \*\*\*150.00

**DOCUMENT # P97000092451**

1. Entity Name  
**KOBIN 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**

40025644



**DO NOT WRITE IN THIS SPACE**

02212007 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**

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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, 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	PTD
NAME	KOBIN, HARVEY N
STREET ADDRESS	1924 WEST PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VSD
NAME	DAVIS, MICHAEL S
STREET ADDRESS	1924 WEST PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	S
NAME	NAKAMOTO, KRISTIE A
STREET ADDRESS	1924 WEST PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VP
NAME	LINDSAY, WILLIAM W
STREET ADDRESS	1924 W PRINCETON STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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* *407 843 1000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #