


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S69076**  
1. Entry Name  
**KEVCO BUILDERS, INC.**



Principal Place of Business      Mailing Address  
**601 LAKE DORA DR.  
TAVARES, FL 32778    US**      **601 LAKE DORA DR.  
TAVARES, FL 32778    US**

**DO NOT WRITE IN THIS SPACE**



04232004    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**69-3082323**      Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent  
**BURKHOLDER, KEVIN  
3016 LAKE WOODWARD DRIVE  
EUSTIS, FL 32726**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, if applicable      (NOTE: Registered agent signature required when withdrawing)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$250.00**

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	PD BURKHOLDER, KEVIN 3016 LAKE WOODWARD DRIVE EUSTIS, FL
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04/30/04-80002-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 897, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a listing of the empowered.

**SIGNATURE:** Kevin N. Burkholder    **Kevin N. Burkholder**    04/26/04    352-742-3398  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Area No. 1)