

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90032 006 ***150.00

DOCUMENT # V12645
 1. Entity Name
KB FINANCIAL, INC.



20027845

Principal Place of Business
 240 SOUTH PINEAPPLE AVENUE
 10TH FLOOR
 SARASOTA, FL 34236

Mailing Address
 1937 GOLF STREET
 SARASOTA, FL 34236



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
711 S. Osprey Ave
 Suite 1

03172005 Chg-P CR2E034 (10/03)

City & State
 Sarasota, FL

4. FEI Number
 65-0313545

Applied For
 Not Applicable

Zip
 34236

Country
 US

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

6. Name and Address of Current Registered Agent
 PARKER, MINDY K
 1937 GOLF STREET
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent
 Name **Mindy K Parker**
 Street Address (P.O. Box Number is Not Acceptable)
711 S. Osprey Ave 1
 City **Sarasota** **FL** Zip Code **34236**

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: *Mindy K Parker* DATE: 3/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAUFMAN, MARK S. 455 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(i), 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: *Mark Kaufman* DATE: 3/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #