

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000053978

**FILED**  
**Feb 25, 2007**  
**Secretary of State**

**Entity Name:** KOUWEN-HOVEN & HOSKINS SYSTEMS, INC.

**Current Principal Place of Business:**

909 E NEW HAVEN  
STE. 214  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

915 S. RIVERSIDE DRIVE  
INDIALANTIC, FL 32903 US

**Current Mailing Address:**

P.O. BOX 10  
MELBOURNE, FL 32902 US

**New Mailing Address:**

**FEI Number:** 59-3269742      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLIGAN, SEAN  
915 S. RIVERSIDE DRIVE  
INDIALANTIC, FL 32903 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: MILLIGAN, SEAN  
Address: 915 S. RIVERSIDE DR.  
City-St-Zip: INDIALANTIC, FL 32903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MILLIGAN, SEAN H  
Address: 915 S. RIVERSIDE DR.  
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SEAN H MILLIGAN

P

02/25/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date