

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000053978

FILED  
Jan 12, 2012  
Secretary of State

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

**Current Principal Place of Business:**

915 S. RIVERSIDE DRIVE  
INDIALANTIC, FL 32903 US

**New Principal Place of Business:**

915 S. RIVERSIDE DRIVE  
32902  
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

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: MILLIGAN, SEAN H  
Address: 915 S. RIVERSIDE DR.  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: MR.  
Name: MILLIGAN, SEAN  
Address: PO BOX 10  
City-St-Zip: MELBOURNE, FL 32902 US

Title: MR.  
Name: MILLIGAN, SEAN  
Address: PO BOX 10  
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Name: MILLIGAN, SEAN  
Address: PO BOX 10  
City-St-Zip: MELBOURNE, FL 32902 US

Title: MR.  
Name: MILLIGAN, SEAN  
Address: PO BOX 10  
City-St-Zip: MELBOURNE, FL 32902 US

I hereby 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 all other like empowered.

SIGNATURE: SEAN HOSKINS MILLIGAN

OWN

01/12/2012

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

\_\_\_\_\_  
Date