

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J73274

**FILED  
Jan 17, 2008  
Secretary of State**

**Entity Name:** KIMLAR CORPORATION, INC.

**Current Principal Place of Business:**

14 MEADOWLAKE CIRCLE NORTH  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

14 MEADOWLAKE CIRCLE NORTH  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

**FEI Number:** 59-2806265      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SARTORY, J. LAWRENCE  
14 MEADOWLAKE CIRCLE NORTH  
LAKE PLACID, FL 33852 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: VSD ( ) Delete  
Name: SARTORY, J. LAWRENCE  
Address: 14 MEADOWLAKE CIRCLE NORTH  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: PTD ( ) Delete  
Name: LINK, WENDY S  
Address: 5222 DESERT VIXEN ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: CANDACE, SARTORY  
Address: 14 MEADOWLAKE CIRCLE NORTH  
City-St-Zip: LAKE PLACID, FL 33852

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: J. LAWRENCE SARTORY

VSD

01/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date