

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057948

FILED
Jan 03, 2007
Secretary of State

Entity Name: KIM STANLEY INSURANCE & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

317 4TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1755 BRANCHVINE DRIVE WEST
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3402355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, KIM
1755 BRANCHVINE DRIVE WEST
JACKSONVILLE, FL 32246 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: PVP () Delete
Name: STANLEY, KIM
Address: 1755 BRANCHVINE DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change () Addition
Name: STANLEY, KIM
Address: 1755 BRANCHVINE DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VP () Change (X) Addition
Name: STANLEY, NESHA D
Address: 1755 BRANCH VINE DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: SECY () Change (X) Addition
Name: BELL, MAXINE D
Address: 1755 BRANCH VINE DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32246 US

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: KIM STANLEY

PVP

01/03/2007

Electronic Signature of Signing Officer or Director

_____ Date