

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057948

FILED
Jan 19, 2009
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:

317 4TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

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
317 4TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 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: 317 4TH AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: STANLEY, NESHA D
Address: 317 4TH AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: SECY (X) Change () Addition
Name: BELL, MAXINE D
Address: 317 4TH AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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: KIM STANLEY

PVP

01/19/2009

Electronic Signature of Signing Officer or Director

Date