

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90395 011 \*\*\*150.00

<b>DOCUMENT # 526311</b> 1. Entity Name <b>RONALD D. KIMBALL ENTERPRISES, INC.</b>					
Principal Place of Business <b>30 LIBERTY WAY SUITE 6 PALM HARBOR, FL 34684 US</b>			Mailing Address <b>30 LIBERTY WAY SUITE 6 PALM HARBOR, FL 34684 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6491 Placid Lakes Blvd</b>		3. Mailing Address <b>34650 US Hwy 19 N</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Suite 108</b>			
City & State <b>Lake Placid, FL</b>		City & State <b>Palm Harbor, FL</b>		4. FEI Number <b>59-1724331</b>	
Zip <b>33852</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04242008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>KIMBALL, RONALD D. 30 LIBERTY WAY #6 PALM HARBOR, FL 34684</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6491 Placid Lakes Blvd</b> City <b>Lake Placid</b> <b>FL</b> Zip Code <b>33852</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <b>RONALD D. KIMBALL</b> <b>4-25-08</b> <small>Signature typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reappointing DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KIMBALL, HOPE C 30 LIBERTY WAY, SUITE 6 PALM HARBOR, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KIMBALL, RONALD D 30 LIBERTY WAY, SUITE 6 PALM HARBOR, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KIMBALL, DAVID M 30 LIBERTY WAY, SUITE 6 PALM HARBOR, FL</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>RONALD D. KIMBALL</b> <b>4-25-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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