


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90335 005 \*\*\*150.00

<b>DOCUMENT # F07000002289</b> 1. Entity Name <b>KIMURA ASSOCIATES, INC.</b>					
Principal Place of Business <b>1571 MATTHEW DRIVE FORT MYERS, FL 33907</b>				Mailing Address <b>5100 S CLEVELAND AVE SUITE 318 PMB 131 FORT MYERS, FL 33907</b>	
2. Principal Place of Business - No P.O. Box # <b>5100 S. Cleveland Ave</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. <b>Suite 318</b>		Suite, Apt. #, etc. 			
City & State <b>Fort Myers, FL</b>		City & State 		4. FEI Number <b>34-2032417</b>	
Zip <b>33907</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>				02122008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>DAVIN, PAULINE L 510 BEARDMAN DRIVE - SIO BOARDMAN DRIVE PUNTA GORDA, FL 33950</b>				7. Name and Address of New Registered Agent Name 	
Street Address (P.O. Box Number is Not Acceptable) 				City <b>FL</b>	
Zip Code 				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<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	DPVS FULLMER, JOHN 1571 MATTHEW DRIVE FORT MYERS, FL 33907		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FULLMER, JOHN 1571 MATTHEW DRIVE FORT MYERS, FL 33907		<input type="checkbox"/> Delete		
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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: <u>John T. Fullmer</u> <u>John T. Fullmer</u> <u>4/5/08</u> <u>866-628-5630</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		