

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000251

Entity Name: KIMO, INC. II

FILED  
Mar 05, 2011  
Secretary of State

**Current Principal Place of Business:**

164 N. WILLARD STREET  
BURLINGTON, VT 05401

**New Principal Place of Business:**

**Current Mailing Address:**

164 N. WILLARD STREET  
BURLINGTON, VT 05401

**New Mailing Address:**

FEI Number: 03-0367496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: LECLAIR, HECTOR J  
Address: 164 N. WILLARD STREET  
City-St-Zip: BURLINGTON, VT 05401

Title: PT  
Name: LECLAIR, HECTOR J  
Address: 164 N. WILLARD STREET  
City-St-Zip: BURLINGTON, VT 05401

Title: S  
Name: LACHANCE, SUSAN  
Address: 45 LOGWOOD CIRCLE  
City-St-Zip: ESSEX JCT, VT 05452

I hereby 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 all other like empowered.

SIGNATURE: HECTOR LECLAIR

PRES

03/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date