

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90272 040 \*\*\*150.00

**DOCUMENT # F93000004748**



1. Entity Name

L. ROBERT KIMBALL & ASSOCIATES, INC.

Principal Place of Business

615 WEST HIGHLAND AVE.  
 P.O. BOX 1000  
 EBENSBURG PA 15931

Mailing Address

615 WEST HIGHLAND AVE.  
 P.O. BOX 1000  
 EBENSBURG PA 15931

**J4U70011**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1672754

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGILL, W. BRAD  
 L. ROBERT KIMBALL & ASSOCIATES, INC.  
 200 SOUTH HARBOR CITY BLVD., STE. 202  
 MELBOURNE FL 32901-1389

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD <input type="checkbox"/> Delete
NAME	KIMBALL, L. ROBERT
STREET ADDRESS	615 WEST HIGHLAND AVE.
CITY - ST - ZIP	EBENSBURG PA
TITLE	PD <input type="checkbox"/> Delete
NAME	KIMBALL, R. JEFFREY
STREET ADDRESS	615 WEST HIGHLAND AVE.
CITY - ST - ZIP	EBENSBURG PA
TITLE	S <input type="checkbox"/> Delete
NAME	MYERS, G. WILLIAM JR.
STREET ADDRESS	615 WEST HIGHLAND AVE.
CITY - ST - ZIP	EBENSBURG PA
TITLE	D <input type="checkbox"/> Delete
NAME	ANN K BALAZS
STREET ADDRESS	615 W HIGHLAND AVE
CITY - ST - ZIP	EBENSBURG PA
TITLE	D <input type="checkbox"/> Delete
NAME	CSABA S. BALAZS
STREET ADDRESS	615 E HIGHLAND AVE
CITY - ST - ZIP	EBENSBURG PA
TITLE	D <input type="checkbox"/> Delete
NAME	JOHN R KIMBALL
STREET ADDRESS	615 W HIGHLAND AVE
CITY - ST - ZIP	EBENSBURG PA

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Robert Kimball* *R Jeffrey Kimball* 4/26/04 8144721700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #