


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

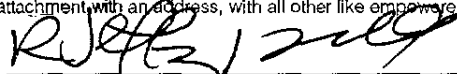
<b>DOCUMENT # F93000004748</b>					
1. Entity Name L. ROBERT KIMBALL & ASSOCIATES, INC.					
Principal Place of Business 615 WEST HIGHLAND AVE. P.O. BOX 1000 EBENSBURG PA 15931		Mailing Address 615 WEST HIGHLAND AVE. P.O. BOX 1000 EBENSBURG PA 15931			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>25-1672754</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  DWARKA, NARENDA R L. ROBERT KIMBALL & ASSOCIATES, INC. 200 SOUTH HARBOR CITY BLVD., STE. 202 MELBOURNE FL 32901-1389			7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIMBALL, L. ROBERT	NAME			
STREET ADDRESS	615 WEST HIGHLAND AVE.	STREET ADDRESS			
CITY- ST- ZIP	EBENSBURG PA	CITY- ST- ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIMBALL, R. JEFFREY	NAME			
STREET ADDRESS	615 WEST HIGHLAND AVE.	STREET ADDRESS			
CITY- ST- ZIP	EBENSBURG PA	CITY- ST- ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MYERS, G. WILLIAM JR.	NAME			
STREET ADDRESS	615 WEST HIGHLAND AVE.	STREET ADDRESS			
CITY- ST- ZIP	EBENSBURG PA	CITY- ST- ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANN K BALAZS	NAME			
STREET ADDRESS	615 W HIGHLAND AVE	STREET ADDRESS			
CITY- ST- ZIP	EBENSBURG PA	CITY- ST- ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CSABA S. BALAZS	NAME			
STREET ADDRESS	615 E HIGHLAND AVE	STREET ADDRESS			
CITY- ST- ZIP	EBENSBURG PA	CITY- ST- ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHN R KIMBALL	NAME			
STREET ADDRESS	615 W HIGHLAND AVE	STREET ADDRESS			
CITY- ST- ZIP	EBENSBURG PA	CITY- ST- ZIP			



1st MOORE CR2E034 (10/04)

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  R. Jeffrey Kimball, President 1/18/2005 814-472-7700  
 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_