

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**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**



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **25-1672754** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WAUGAMAN, WILLIAM R  
L. ROBERT KIMBALL & ASSOCIATES, INC.  
200 SOUTH HARBOR CITY BLVD., STE. 202  
MELBOURNE, FL 32901-1389**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

111111110386990  
01/19/06-80020-022 150.00

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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, when other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R. Jeffrey Kimball, President and CEO