

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004748

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: L. ROBERT KIMBALL & ASSOCIATES, INC.

**Current Principal Place of Business:**

615 WEST HIGHLAND AVE.  
EBENSBURG, PA 15931

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 25-1672754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WAUGAMAN, WILLIAM R  
L. ROBERT KIMBALL & ASSOCIATES, INC.  
200 SOUTH HARBOR CITY BLVD., STE. 202  
MELBOURNE, FL 329011389 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: KIMBALL, L. ROBERT  
Address: 615 WEST HIGHLAND AVE.  
City-St-Zip: EBENSBURG, PA 15931

Title: PD      ( ) Delete  
Name: KIMBALL, R. JEFFREY  
Address: 615 WEST HIGHLAND AVE.  
City-St-Zip: EBENSBURG, PA 15931

Title: S      ( ) Delete  
Name: MYERS, G. WILLIAM JR.  
Address: 615 WEST HIGHLAND AVE.  
City-St-Zip: EBENSBURG, PA 15931

Title: D      ( ) Delete  
Name: ANN K BALAZS,  
Address: 615 W HIGHLAND AVE  
City-St-Zip: EBENSBURG, PA 15931

Title: D      ( ) Delete  
Name: CSABA S. BALAZS,  
Address: 615 E HIGHLAND AVE  
City-St-Zip: EBENSBURG, PA 15931

Title: D      ( ) Delete  
Name: JOHN R KIMBALL,  
Address: 615 W HIGHLAND AVE  
City-St-Zip: EBENSBURG, PA 15931

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: R. JEFFREY KIMBALL

PRES

01/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date