

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90006 025 ***150.00

DOCUMENT # G03725

1. Entity Name

KIMBERLEE HOLDINGS, INC.



Principal Place of Business

295 SE MONTEREY RD
STUART FL 34994

Mailing Address

295 SE MONTEREY RD
STUART FL 34994



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-2222095**

Applied For
Not Applicable

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

KRESER, PENELOPE
3585B SW QUAIL MEADOW TRAIL
PALM CITY FL 34990

Name

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

City

FL

Zip Code

8. The above named entity subscribes 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 (implication)

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
LANI JAYNE
3600 SW SUNSET TRACE CIRCLE 1438 SW Rustic Lane
PALM CITY FL 34990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/08 772-287-8444

Doc#

Filing Page #

ATTACHMENT

#G03725

40107676

Stuart Plastics

295 SE MONTEREY ROAD, STUART, FL 34994

PHONE 772.287.8444 FAX 772.287.8455

email: stuartplastics@copper.net

5-13-08

To Whom It May Concern;

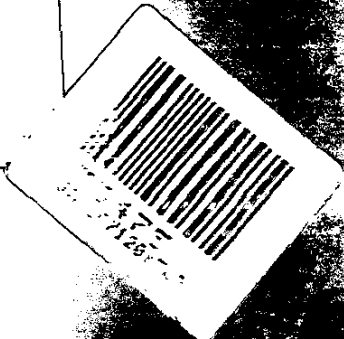
My accountant mailed this to me but used the wrong zip code. It was returned to him and then brought back to me today. That is why the payment is late.

**Sincerely
Lani Collins
c/o Kimberlee Holdings, Inc.**

ATTACHMENT

40107676

903725



INSURE

Kimberly-Clark
295 SE Monterey Road
Stuart, Florida 34997-4413

ignier, PA
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C. H. 2011 21P