

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J73274

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: KIMLAR CORPORATION, INC.

## Current Principal Place of Business:

2960 W PLANTATION PINES CT  
LECANTO, FL 34461 US

## New Principal Place of Business:

14 MEADOWLAKE CIRCLE NORTH  
LAKE PLACID, FL 33852 US

## Current Mailing Address:

2960 W PLANTATION PINES CT  
LECANTO, FL 34461 US

## New Mailing Address:

14 MEADOWLAKE CIRCLE NORTH  
LAKE PLACID, FL 33852 US

FEI Number: 59-2806265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SARTORY, J. LAWRENCE  
2960 W PLANTATION PINES CT  
LECANTO, FL 34461 US

## Name and Address of New Registered Agent:

SARTORY, J. LAWRENCE  
14 MEADOWLAKE CIRCLE NORTH  
LAKE PLACID, FL 33852 US

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:

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VSD ( ) Delete  
Name: SARTORY, J. LAWRENCE  
Address: 2960 W PLANTATION PINES CT  
City-St-Zip: LECANTO, FL

Title: PTD ( ) Delete  
Name: LINK, WENDY S  
Address: 5222 DESERT VIXEN ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: CANDACE, SARTORY  
Address: 2960 W PLANTATION PINES CT  
City-St-Zip: LECANTO, FL 34461

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change ( ) Addition  
Name: SARTORY, J. LAWRENCE  
Address: 14 MEADOWLAKE CIRCLE NORTH  
City-St-Zip: LAKE PLACID, FL 33852 US

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

Title: D (X) Change ( ) Addition  
Name: CANDACE, SARTORY  
Address: 14 MEADOWLAKE CIRCLE NORTH  
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the 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: J. LAWRENCE SARTORY

VSD

01/13/2006

Electronic Signature of Signing Officer or Director

Date