


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M64132</b>	
1. Entity Name KIMRI, INC.	

Principal Place of Business DICKENS, JOHN E 414 S. U.S. #1 FORT PIERCE, FL 34950 US	Mailing Address DICKENS, JOHN E 414 S. U.S. #1 FORT PIERCE, FL 34950 US
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**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0037380	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DICKEN, JOHN E 414 S US STE 1 FT PIERCE, FL 34950	
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**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICKENS, JOHN E 414 SOUTH U.S. #1 FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DICKENS, KIM Y 414 SOUTH U.S. #1 FORT PIERCE, FL
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01/13/05-80041-006 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Kim Dickens</i> <b>KIM DICKENS</b>	Date: <b>1-10-05</b>	Daytime Phone #: <b>(MM2) 405-2100</b>
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