


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000050406 1. Entity Name PATRICIA KIMBALL FLETCHER, P.A.	
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Principal Place of Business 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	Mailing Address 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1009873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FLETCHER, PATRICIA K 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<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 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIMBALL FLETCHER, PATRICIA 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLETCHER, CHRISTOPHER A 2732 SW 2 AVENUE MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/31/05-80054-011 150.00

**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 1(9.07(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: <u>Patricia K Fletcher</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>1/18/05</u> Daytime Phone # _____
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