

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000096131

1. Entity Name

KIMBERLY PLACE OF PORT CHARLOTTE, INC.



Principal Place of Business

**26315 NORTHERN CROSS RD.
PUNTA GORDA, FL 33983**

Mailing Address

**26315 NORTHERN CROSS RD.
PORT CHARLOTTE, FL 33983**



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1083002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURCHETT, ALMA
26315 NORTHERN CROSS RD.
PORT CHARLOTTE, FL 33983**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**OWN
BURCHETT, ALMA
26315 NORTHERN CROSS RD
PORT CHARLOTTE, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/12/04-80057-017 150.00

**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: *Alma Burckett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04
Date

941-625-0030
Daytime Phone #