

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90039 031 ***150.00

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01312005 Chg-P CR2E034 (10/03)

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																										
2. Principal Place of Business		3. Mailing Address 2866 SW ORTEGA ST.																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State PORT ST. LUCIE, FL.		4. FEI Number 65-1083002																									
Zip		Country		Applied For <input type="checkbox"/> Not Applicable																									
Zip 34953		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BURCHETT, ALMA 26315 NORTHERN CROSS RD. PORT CHARLOTTE, FL 33983				7. Name and Address of New Registered Agent Name BURCHETT, ALMA Street Address (P.O. Box Number is Not Acceptable) 2866 SW ORTEGA ST. City PORT ST. LUCIE FL Zip Code 34953																									
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 <i>Alma Burchett</i> ALMA BURCHETT (NOTE: Registered Agent signature required when reinstating) 2-7-2005 DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">OWN</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURCHETT, ALMA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>26315 NORTHERN CROSS RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FL 33983</td> <td></td> </tr> </table>			TITLE	OWN	<input type="checkbox"/> Delete	NAME	BURCHETT, ALMA		STREET ADDRESS	26315 NORTHERN CROSS RD		CITY-ST-ZIP	PORT CHARLOTTE, FL 33983		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P/D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2866 SW ORTEGA ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ST. LUCIE, FL. 34953</td> <td></td> </tr> </table>			TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	2866 SW ORTEGA ST.		CITY-ST-ZIP	PORT ST. LUCIE, FL. 34953	
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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>Alma Burchett</i> ALMA BURCHETT			2-7-2005 772 286 2105 Date Daytime Phone #																										