

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90386 002 ***150.00

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
**2866 SW ORTEGA AT
PORT SAINT LUCIE, FL 34953**

2. Principal Place of Business

2095 SW MAP RD

Suite, Apt. #, etc.

3. Mailing Address

2095 SW MAP RD

Suite, Apt. #, etc.

City & State
PALM CITY, FL

Zip
33948

Country
USA

City & State
PALM CITY, FL

Zip
33948

Country
USA

03142006 Chg-P CR2E034 (11/05)

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
2866 SW ORTEGA ST
PORT SAINT LUCIE, FL 34953**

7. Name and Address of New Registered Agent

Name **SANDY ALEX**
Street Address (P.O. Box Number is Not Acceptable)

2095 - S.W. MAP RD
City **PALM CITY** FL Zip Code **33948**

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

(NOTE: Registered Agent signature required when reinstating)

4-10-06
DATE

**FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 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
2866 SWORTEGA ST
PORT SAINT LUCIE, FL 34953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☒ Change ☐ Addition
**2095 - S.W. MAP RD
PALM CITY, FL 33948**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Burchett**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19
Date

941-880-0009
Daytime Phone #

ALMA BURCHETT