



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000097114 1. Entity Name CATHIE KIMMEL CO.	
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Principal Place of Business 6556 KATHERINE RD. W. PALM BEACH, FL	Mailing Address 6556 KATHERINE RD. W. PALM BEACH, FL
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DO NOT WRITE IN THIS SPACE


04012004 No Chg-P CR2E034 (10/03)
4. FEI Number
NOT APPLICABLE
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**REY, ALBERT D
7240 NW 12 ST.
MIAMI, FL 33126**

**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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000121926 04/21/04-80007-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIMMEL, CATHIE P 6556 KATHERINE ROAD WEST PALM BEACH, FL 334133434
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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)(f), 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:  **04-06-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #