2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000006857

1. Entity Name
KIMBERLEY SCOTT, INC.

Principal Place of Business	Mailing Address
1205 S RIVERSIDE DRIVE EDGEWATER, FL 32132	1205 S RIVERSIDE DRIVE EDGEWATER, FL 32132

03182004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

4. FEI Number 59-3402831 59-3702831	Applied For / Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT, KIMBERLEY 1205 S RIVERSIDE DRIVE EDGEWATER, FL 32132	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SCOTT, KIMBERLEY STREET ADDRESS 1205 S RIVERSIDE DRIVE CITY-ST-ZIP EDGEWATER, FL 32132		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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: _____ KIMBERLEY F. SCOTT   4/28/04   386-423-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #