

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000020947**

1. Entity Name  
**KBM & ASSOCIATES, INC**



Principal Place of Business  
**8916 CYPRESS PRESERVE  
FORT MYERS, FL 33912**

Mailing Address  
**P.O. BOX 62107  
FORT MYERS, FL 33912**



02112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2170508</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SIMPSON, LINDA E  
8916 CYPRESS PRESERVE  
FORT MYERS, FL 33912**

**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

*Linda Simpson* (no change)  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/1/05*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTS
NAME	SIMPSON, LINDA E
STREET ADDRESS	8916 CYPRESS PRESERVE
CITY - ST - ZIP	FORT MYERS, FL 33912

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/05/05-80026-016 158.75

**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)(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:**

*Linda Simpson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/1/05*  
DATE

Daytime Phone #