

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90006 019 \*\*\*150.00

<b>DOCUMENT # P02000012982</b>					
<b>1. Entity Name</b> KIMBERLY PHILLIPS-HAIKARA, P.A.					
<b>Principal Place of Business</b> 11350 66TH ST N SUITE #117 LARGO, FL 33773			<b>Mailing Address</b> 11350 66TH ST N SUITE #120 LARGO, FL 33773		
<b>2. Principal Place of Business</b> 12360 66 <sup>th</sup> ST. N. Suite, Apt. #, etc. E		<b>3. Mailing Address</b> 12360 66 <sup>th</sup> ST. N. Suite, Apt. #, etc. E			
City & State LARGO FL		City & State LARGO FL		<b>4. FEI Number</b> 01-0618791	
Zip 33773		Country U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PHILLIPS-HAIKARA, KIMBERLY 11350 66TH ST N SUITE SUITE #117 LARGO, FL 33773			<b>7. Name and Address of New Registered Agent</b> Name Phillips-Haikara, Kimberly Street Address (P.O. Box Number is Not Acceptable) 12360 66 <sup>th</sup> ST. N. # E City LARGO FL Zip Code 33773		
<b>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.</b> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIKARA, KIMBERLY 11350 66TH ST N SUITE 117 LARGO, FL 33773		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIKARA, Kimberly 12360 66 <sup>th</sup> ST N # E LARGO FL 33773	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Kimberly J. Haikara</i>			2/17/04 (702) 530-5789		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		