


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90218 011 ***150.00

DOCUMENT # P02000012982	
1. Entity Name KIMBERLY PHILLIPS-HAIKARA, P.A.	

Principal Place of Business 12360 66TH STREET N. #E LARGO, FL 33773 US	Mailing Address 12360 66TH STREET N. #E LARGO, FL 33773 US
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2. Principal Place of Business 10225 Ulmerton Rd. Suite, Apt. #, etc. 4D	3. Mailing Address 10225 Ulmerton Rd. Suite, Apt. #, etc. 4D
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City & State LARGO FL	City & State LARGO FL
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Zip 33771	Country USA.	Zip 33771	Country USA.
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04182005 Chg-P CR2E034 (10/03)

4. FEI Number 01-0618791	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PHILLIPS-HAIKARA, KIMBERLY 12360 66TH ST. N. #E LARGO, FL 33773	
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7. Name and Address of New Registered Agent Name Phillips-Haikara, Kimberly Street Address (P.O. Box Number is Not Acceptable) 10225 Ulmerton Rd #4D City LARGO FL Zip Code 33771	
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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 Kimberly J. Haikara DATE 4/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIKARA, KIMBERLY 12360 66TH ST. N. #E LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIKARA, Kimberly 10225 Ulmerton Rd #4D LARGO FL 33771 <input checked="" 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
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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

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 Kimberly J. Haikara DATE 4/18/05 727-585-4529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR