2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000024644

1. Entity Name
MARK KIMBLE, P.A.

Principal Place of Business	Mailing Address
852 GRAND REGENCY POINTE #205 ALTAMONTE SPRINGS, FL 34714	852 GRAND REGENCY POINTE #205 ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

04062006   No Chg-P   CR2E034 (11/05)

4. FEI Number 57-1153897	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

KIMBLE, MARK
852 GRAND REGENCY POINTE
#205
ALTAMONTE SPRINGS, FL 32714

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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_____

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	KIMBLE, MARK
STREET ADDRESS	852 GRAND REGENCY POINTE #205
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	
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05/09/06-80004-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Mark Kimble_   Mark Kimble   4/25/06   (407) 461-4908

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