


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90379 015 ***150.00

DOCUMENT # P03000046099

1. Entity Name
KIMBERLY WORBINGTON, P.A.




Principal Place of Business Mailing Address
 12453 MARIAH ANN COURT 12453 MARIAH ANN COURT
 JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04082004 Chg-P CR2E034 (10/03)

4. FEI Number
13-4252878 Applied For
 Not Applicable

5.-Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORBINGTON, KIM
12453 MARIAH ANN COURT
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

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 Kim Worbington, Kim Worbington, Pres. 4/14/04
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 NAME STREET ADDRESS CITY-ST-ZIP	PD WORBINGTON, KIM 12453 MARIAH ANN COURT JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kim Worbington, Kim Worbington, Pres. 4/14/04 (904) 333-1902
Signature and typed or printed name of signing officer or director Date Daytime Phone #