


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90572 011 ***150.00

| | |
|---|---|
| DOCUMENT # P03000084876 |  |
| 1. Entity Name KIMBERLY J. HARTWICK, PA | |

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|---|---|
| Principal Place of Business 390 SMUGGLERS WAY ST. AUGUSTINE, FL 32080 | Mailing Address POST OFFICE BOX 4050 ST. AUGUSTINE, FL 32085-4050 |
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|--|---|
| 2. Principal Place of Business 821 Tournament Road | 3. Mailing Address Suite, Apt. #, etc. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--|-----------------------------|
| City & State Ponte Vedra, FL | City & State |
| Zip 32082 | Country St. Johns |
| Zip | Country |

24055590



04012004 Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 56-2385333 | Applied For Not Applicable |
| 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 HALL, CHARLES E 77 ALMERIA STREET ST. AUGUSTINE, FL 32085-4050 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 VPS | <input type="checkbox"/> Delete | TITLE PVPST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HARTWICK, KIMBERLY J | | NAME Hartwick, Kimberly J | |
| STREET ADDRESS 390 SMUGGLERS WAY | | STREET ADDRESS 821 Tournament Road | |
| CITY-ST-ZIP ST. AUGUSTINE, FL 32080 | | CITY-ST-ZIP Ponte Vedra, FL 32082 | |
| TITLE PT | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HARTWICK, KIMBERLY J | | NAME | |
| STREET ADDRESS 390 SMUGGLERS WAY | | STREET ADDRESS | |
| CITY-ST-ZIP ST. AUGUSTINE, FL 32080 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 Hartwick Date: April 20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR