



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90107 022 \*\*\*150.00

<b>DOCUMENT # P03000084876</b>					
<b>1. Entity Name</b> KIMBERLY J. HARTWICK, PA					
<b>Principal Place of Business</b> 821 TOURNAMENT RD. PONTE VEDRA BEACH, FL 32082			<b>Mailing Address</b> POST OFFICE BOX 4050 ST. AUGUSTINE, FL 32085-4050		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		  02152006    Chg-P    CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		<b>4. FEI Number</b> 56-2385333	
<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>				<b>7. Name and Address of New Registered Agent</b>	
HALL, CHARLES E 77 ALMERIA STREET ST. AUGUSTINE, FL 32085-4050				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<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: <u>Kimberly Hartwick</u> (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST HARTWICK, KIMBERLY J <input type="checkbox"/> Delete 821 TOURNAMENT RD. PONTE VEDRA BEACH, FL 32082				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT HARTWICK, KIMBERLY J <input checked="" type="checkbox"/> Delete 390 SMUGGLERS WAY ST. AUGUSTINE, FL 32080				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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 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 information.</b>					
SIGNATURE: <u>Kimberly Hartwick</u> Date: <u>Feb 23, 06</u> Daytime Phone #: <u>285-5021</u>					