

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90019 005 ***150.00

DOCUMENT # P03000093593

1. Entity Name

KIM & JOANNE, INC.



Principal Place of Business

506 S. PINEAPPLE AVENUE
SARASOTA FL 34236

Mailing Address

506 S. PINEAPPLE AVENUE
SARASOTA FL 34236

54022446

2. Principal Place of Business

1821 Hillview St

Suite, Apt. #, etc.

3. Mailing Address

1821 Hillview St

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

20-0179134

Applied For

Not Applicable

Zip

34239

Country

USA

Zip

34239

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, KIM
1751 HAWTHORNE STREET
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name Kim Alexander & Joanne Beaty

Street Address (P.O. Box Number is Not Acceptable)

1821 Hillview St

City Sarasota

FL

Zip Code

34239

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 Alexander

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/23/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ALEXANDER, KIM
STREET ADDRESS 1751 HAWTHORNE STREET
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE D
NAME BEATY, JOANNE K
STREET ADDRESS 1751 HAWTHORNE STREET
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Kim Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04 941-955-5506

Date

Daytime Phone #