2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90074 008 ***150.00

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02252005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000120752

1. Entity Name
KIMBERLY A. CAMPBELL, P.A.

Principal Place of Business	Mailing Address
820 APALACHEE DRIVE NE ST. PETERSBURG, FL 33702 US	820 APALACHEE DRIVE NE ST. PETERSBURG, FL 33702 US

2. Principal Place of Business	3. Mailing Address
1540 Santa Clara Dr	1540 Santa Clara Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin, FL	City & State: Dunedin, FL
Zip: 34698 Country: US	Zip: 34698 Country: US

4. FEI Number: 20-0341518 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, KIMBERLY A
820 APALACHEE DRIVE NE
ST. PETERSBURG, FL 33702

7. Name and Address of New Registered Agent

Name: Campbell, Kimberly A
Street Address (P.O. Box Number is Not Acceptable): 1540 Santa Clara Dr.
City: Dunedin FL Zip Code: 34698

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: Kimberly Campbell DATE: 3-15-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CAMPBELL, KIMBERLY A	NAME	
STREET ADDRESS	820 APALACHEE DRIVE NE	STREET ADDRESS	1540 Santa Clara Dr.
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	CITY-ST-ZIP	Dunedin, FL 34698
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 Campbell 3-15-05 727.441.4955

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

Kimberly Campbell