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 Suite, Apt. #, etc.	1540 Santa Clara Dr Suite, Apt. #, etc.
Dunedin, FL	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	7. Name and Address of New Registered Agent
CAMPBELL, KIMBERLY A 820 APALACHEE DRIVE NE ST. PETERSBURG, FL 33702	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 3-15-05
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, KIMBERLY A 820 APALACHEE DRIVE NE ST. PETERSBURG, FL 33702 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1540 Santa Clara Dr. Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Kimberly Campbell 3-15-05 727.461.4955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kimberly Campbell