
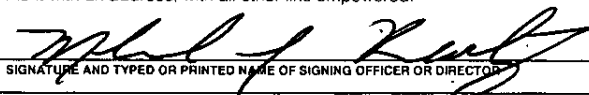


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90012 001 ***150.00

DOCUMENT # P04000029660			
1. Entity Name KIMBERLY'S REPAIR INC.			
Principal Place of Business 8801 SE 88TH ST OCALA, FL 34472		Mailing Address 8801 SE 88TH ST OCALA, FL 34472	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KIMBERLY, MICHAEL ISAAC 8801 SE 88TH ST OCALA, FL 34472		7. Name and Address of New Registered Agent Name Kimbley, Michael Isaac Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D KIMBERLY, MICHAEL ISAAC 8801 SE 88TH ST OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kimbley, Michael Isaac <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8801 SE 88th Ocala FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE _____ DAYTIME PHONE # _____			

40022751



09022005 Chg-P CR2E034 (10/03)

4. FEI Number **90-0146123** Applied For ☐ Not Applicable ☐

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

ATTACHMENT



40022751

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2006

KIMBERLY'S REPAIR INC.
8801 SE 88TH ST
OCALA, FL 34472

SUBJECT: KIMBERLY'S REPAIR INC.
Ref. Number: P04000029660

We have received your document for KIMBERLY'S REPAIR INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

An amended annual report can not be filed at this time, the 2006 annual report is now due.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 406A00005971