

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 APR 20 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000105463

1. Entity Name
KIMBERLY L. KING, P.A.



Principal Place of Business
2121 G KILLARNEY WAY
TALLAHASSEE, FL 32309

Mailing Address
2121 G KILLARNEY WAY
TALLAHASSEE, FL 32309

DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1369346

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KING, KIMBERLY L
2121-G KILLARNEY WAY
TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	D KING, KIMBERLY L
STREET ADDRESS	3097 KILTEMAN DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32309

TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400074324004
05/10/06--01005--028 **150.00

**DO NOT WRITE
IN THIS SPACE**

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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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #