


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000164079	
1. Entity Name KIMBERLEI TISH ZANIOL, P.A.	

Principal Place of Business 15813 2ND STREET EAST REDINGTON, FL 33708	Mailing Address 15813 2ND STREET EAST REDINGTON, FL 33708
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01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3790843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZANIOL, KIMBERLEI 15813 2 ST E REDINGTON BEACH, FL 33708
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**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 reissuing) 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 STREET ADDRESS CITY-ST-ZIP	PSTD ZANIOL, KIMBERLEI T 15813 2ND STREET EAST REDINGTON, FL 33708
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02/18/06-80098-021 150.00

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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: Kimberlei Tish Zaniol, P.A. 2/2/06 (727)804-6703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #