

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000041547

1. Entity Name
BARBARA KIMMERLING, P.A.



Principal Place of Business
17900 GULF BLVD SUITE 12A
REDDINGTON SHORES, FL 33708

Mailing Address
17900 GULF BLVD SUITE 12A
REDDINGTON SHORES, FL 33708

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1719969	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KIMMERLING, BARBARA 17900 GULF BLVD SUITE 12A REDDINGTON SHORES, FL 33708
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIMMERLING, LARRY 17900 GULF BLVD SUITE 12A REDDINGTON SHORES, FL 33708
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000355119
07/16/08-80003-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Barbara Kimmerling P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/9/08 Daytime Phone # _____