

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070568

Entity Name: KIMBERLY BRAMER, P.A.

FILED  
Jan 21, 2009  
Secretary of State

## Current Principal Place of Business:

1634 32ND AVENUE NORTH  
SAINT PETERSBURG, FL 33713 US

## New Principal Place of Business:

18236 MACEK ROAD  
BROOKSVILLE, FL 34614 US

## Current Mailing Address:

1634 32ND AVENUE NORTH  
SAINT PETERSBURG, FL 33713 US

## New Mailing Address:

18236 MACEK ROAD  
BROOKSVILLE, FL 34614 US

FEI Number: 20-2839764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMONE, STEPHEN CPA  
6439 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: BEAMS, KIMBERLY  
Address: 1634 32ND AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: BEAMS, KIMBERLY  
Address: 18236 MACEK ROAD  
City-St-Zip: BROOKSVILLE, FL 34614 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY BRAMER BEAMS

OFFI

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date