

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096371

FILED
Jan 18, 2009
Secretary of State

Entity Name: KIMBERLY R. NELSON, PA

Current Principal Place of Business:

4301 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

4301 N FEDERAL HWY
REMAX
LIGHTHOUSE POINT, FL 33064 US

Current Mailing Address:

4301 N FEDERAL HWY
RE/MAX
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

2465 NE 20TH TERRACE
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 20-3120824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, KIMBERLY
4301 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

CHAPMAN, KIMBERLY
2465 NE 20TH TERRACE
LIGHTHOUSE POINT, FL 33064 US

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: KIMBERLY CHAPMAN

01/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MRS. () Delete
Name: CHAPMAN, KIMBERLY
Address: 2465 NE 20TH TERRACE
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 CHAPMAN

MRS.

01/18/2009

Electronic Signature of Signing Officer or Director

Date