

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

08-08-2007 90067 011 \*\*\*150.00

66021283



08052007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000071815</b> 1. Entity Name <b>KIMBERLY N. GOODWIN, P.A.</b>																													
Principal Place of Business <b>2232 RANDOLPH DRIVE</b> <b>FT MYERS, FL 33905 FL</b>			Mailing Address <b>2232 RANDOLPH DRIVE</b> <b>FT MYERS, FL 33905 FL</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-4932051</b> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>GOODWIN, KIMBERLY N</b> <b>2232 RANDOLPH DR</b> <b>FT MYERS, FL 33905</b>																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																													
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>PST GOODWIN, KIMBERLY N</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2232 RANDOLPH DRIVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FT MYERS, FL 33905</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	<b>PST GOODWIN, KIMBERLY N</b>	<input type="checkbox"/>	STREET ADDRESS	<b>2232 RANDOLPH DRIVE</b>		CITY-ST-ZIP	<b>FT MYERS, FL 33905</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change    Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/>    <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change    Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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.																													
<b>SIGNATURE:</b> <u><i>K. N. Goodwin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>7/31/07</u> <u>239-297-0383</u> <small>Date      Daytime Phone #</small>																									