

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000049632

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Entity Name:** KIM LEWIS, P.A.

**Current Principal Place of Business:**

420 STAFFORD AVE  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

5143 COMMERCIAL WAY  
SPRING HILL, FL 34606

**Current Mailing Address:**

420 STAFFORD AVE  
BROOKSVILLE, FL 34601

**New Mailing Address:**

5143 COMMERCIAL WAY  
SPRING HILL, FL 34606

**FEI Number:** 26-2660651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEWIS, KIMBERLY D  
420 STAFFORD AVE  
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

KIERZYNSKI, MICHAEL J  
5143 COMMERCIAL WAY  
SPRING HILL, FL 34606 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:** MICHAEL J. KIERZYNSKI

03/04/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** LEWIS, KIMBERLY D  
**Address:** 479 KEIL ROAD  
**City-St-Zip:** WARREN, PA 16365

I hereby 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 all other like empowered.

**SIGNATURE:** KIMBERLY D. LEWIS

D

03/04/2010

Electronic Signature of Signing Officer or Director

Date