

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90109 018 ***150.00

DOCUMENT # P92000008716

1. Entity Name
R. KIMBER MARTIN, P.A.



Principal Place of Business
**1777 TAMIAMI TRAIL
SUITE 200
PORT CHARLOTTE, FL 33948 US**

Mailing Address
**1777 TAMIAMI TRAIL
SUITE 200
PORT CHARLOTTE, FL 33948 US**

2. Principal Place of Business
17843 Murdock Circle

3. Mailing Address
17843 Murdock Circle

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.
B

City & State
Port Charlotte, FL

City & State
Port Charlotte

Zip
33948

Country
Charlotte

Zip
33948

Country
Charlotte

01042005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0372686

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, R. KIMBER
1777 TAMIAMI TRAIL
SUITE 200
PORT CHARLOTTE, FL 33948**

****Effective 4/2005****

7. Name and Address of New Registered Agent

Name
R. Kimber Martin

Street Address (P.O. Box Number is Not Acceptable)
17843 Murdock Circle Suite B

Port Charlotte, FL 33948

City **FL** 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 *R Kimber Martin*

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 12 '05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MARTIN, R. KIMBER	1777 TAMIAMI TRAIL SUITE 200	PORT CHARLOTTE, FL	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

R Kimber Martin
R KIMBER MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12 '05

Date

941 743 2990

Daytime Phone #