

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000012295

FILED  
Aug 21, 2006  
Secretary of State

Entity Name: LESLIE K. MCKIBBEN RPT & ASSOCIATES, INC.

## Current Principal Place of Business:

1333 GATEWAY DRIVE  
STE1013  
MELBOURNE, FL 32901 US

## New Principal Place of Business:

4640 WHIPPLE HOLLOW RD  
MELBOURNE, FL 32934 US

## Current Mailing Address:

4640 WHIPPLE HOLLOW ROAD  
MELBOURNE, FL 32934

## New Mailing Address:

FEI Number: 59-3157194      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCKIBBEN, R B JR  
1301 MICCOSUKEE RD  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

MCKIBBEN, LESLIE  
4640 WHIPPLE HOLLOW RD.  
MELBOURNE, FL 32934 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: LESLIE K MCKIBBEN

08/21/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCKIBBEN, LESLIE K  
Address: 4640 WHIPPLE HOLLOW RD  
City-St-Zip: MELBOURNE, FL 32934

Title: DD ( ) Delete  
Name: MCKIBBEN, STEPHEN P  
Address: 4640 WHIPPLE HOLLOW RD  
City-St-Zip: MELBOURNE, FL 32934

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE K. MCKIBBEN

PD

08/21/2006

Electronic Signature of Signing Officer or Director

Date