


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000041205 1. Entity Name KATHLEEN NEIMARK, P.A.	
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Principal Place of Business 544 GARLAND CIR INDIAN ROCKS BEACH, FL 33785 US	Mailing Address 544 GARLAND CIR INDIAN ROCKS BEACH, FL 33785 US
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DO NOT WRITE IN THIS SPACE



02022006	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3319910	Applied For Not Applied	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  NEIMARK, KATHLEEN 544 GARLAND CIR INDIAN ROCKS BEACH, FL 33785
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NEIMARK, KATHLEEN 544 GARLAND CIR INDIAN ROCKS BEACH, FL 33785
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04/20/06-80035-003 150.00

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.

SIGNATURE: Kathleen Neimark Date: 4-2-06 727-595-3997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR