

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P96000079337

1. Entity Name

KIM NEESE INC.



FILED

Apr 20, 2005 08:00 AM
Secretary of State

Principal Place of Business

KIM NEESE INC.
2418 LISENBY AVE.
PANAMA CITY FL 32405

Mailing Address

KIM NEESE INC.
2418 LISENBY AVE.
PANAMA CITY FL 32405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt #, etc

City & State

City & State

4. FEI Number

59-3442467

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEESE, VICTOR KIM
2418 LISENBY AVE.
PANAMA CITY FL 32405

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME NEESE, VICTOR K
STREET ADDRESS 2418 LISENBY AVE.
CITY - ST - ZIP PANAMA CITY FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

U00000318396 Change Addition
04/20/05-80058-003 150.00

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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Change 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:

Victor K. Neese 850-769-2965 04/19/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone