

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90017 027 ***158.75

DOCUMENT # P97000028672

1. Entity Name
THE KIMMIK CORPORATION



Principal Place of Business
**5072 PICKETTVILLE ROAD
JACKSONVILLE, FL 32203**

Mailing Address
**PO BOX 40001
JACKSONVILLE, FL 32203**

60022030



2. Principal Place of Business - No P.O. Box #
1725 OAKHURST AVENUE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 40886
Suite, Apt. #, etc.

04012008 Chg-P CR2E034 (12/06)

City & State
JACKSONVILLE FL.
Zip
32208
Country
FLORIDA

City & State
JACKSONVILLE FL.
Zip
32203-0886
Country
FLORIDA

4. FEI Number
59-3437892
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAHAM, MARION JR
5072 PICKETTVILLE ROAD
JACKSONVILLE, FL 32203**

7. Name and Address of New Registered Agent

Name
MARION GRAHAM JR.
Street Address (P.O. Box Number is Not Acceptable)
1725 OAKHURST AVENUE
City
JACKSONVILLE FL Zip Code
32208

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAHAM, MARION JR.	
STREET ADDRESS	5072 PICKETTVILLE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32203	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAHAM, KIMBERLY S	
STREET ADDRESS	5072 PICKETTVILLE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32203	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRAHAM, CHERYL A	
STREET ADDRESS	5072 PICKETTVILLE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	>	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS	1725 OAKHURST AVENUE		
CITY-ST-ZIP	JACKSONVILLE FL. 32208		
TITLE	>	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS	1725 OAKHURST AVENUE		
CITY-ST-ZIP	JACKSONVILLE FL. 32208		
TITLE	>	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS	1725 OAKHURST AVENUE		
CITY-ST-ZIP	JACKSONVILLE FL. 32208		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Marion Graham Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08

Date

904-509-3350

Daytime Phone #