## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000028672

Address:

City-St-Zip:

1725 OAKHURST AVE.

JACKSONVILLE, FL 32208

FILED Mar 02, 2009 Secretary of State

Entity Name: THE KIMMIK CORPORATION					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1725 DARHURST AVE. JACKSONVILLE, FL 32208				1725 OAKHURST AVE. JACKSONVILLE, FL 32208	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 40 JACKSON	0886 VILLE, FL 3220	3			
FEI Number:	59-3437892	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
GRAHAM, MARION JR 1725 DAKHURST AVE. JACKSONVILLE, FL 32208 US			1725 OAKHURST AV	GRAHAM, MARION JR 1725 OAKHURST AVE. JACKSONVILLE, FL 32208 US	
The above in the State		ıbmits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: MARION GRAHAM JR				03/02/2009	
	Electronic	Signature of Registered Ager	nt	Date	
Election Carr	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () [ GRAHAM, MARIO 1725 OAKHURST JACKSONVILLE,	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ()[ GRAHAM, KIMBE 1725 OAKHURST JACKSONVILLE,	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST () [ GRAHAM, CHER	Delete YL A	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: MARION GRAHAM JR Ρ 03/02/2009