## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Secretary of State DOCUMENT # P97000101179** 01-18-2005 90048 031 \*\*\*150.00 1. Entity Name KIMSEY & ASSOCIATES, P.A. Principal Place of Business Mailing Address 3816 W. LINEBAUGH AVENUE 3816 W. LINEBAUGH AVENUE SUITE 412 SUITE 412 **TAMPA, FL 33618** TAMPA, FL 33618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 01142005 Chg-P -- CR2E034:(10/03)~ City & State City & State 4. FEI Number Applied For 59-3479939 Not Applicable Country Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIMSEY, PAUL S Street Address (P.O. Box Number is Not Acceptable) 3816 W. LINEBAUGH AVENUE **SUITE 412** TAMPA, FL 336841 City 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) 9. Election Campaign Financing \$5.00 May Be. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change of Addition **PSTD** P5TD TITLE ☐ Defete TITLE KIMSEY, PAUL 3816 W. LINEBAUGH ME., STE 412 NAME KIMSEY, PAUL NAME 3816 W. LINEBAUGH AVENUE, STE. 412 STREET ADDRESS STREET ADDRESS TAMPA, FL 33618 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33418 Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition THE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TRUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Jan 18, 2005 8:00 am

Davtime Phone #