



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000074864</b> 1. Entity Name <b>KIMBROUGH COMMUNICATIONS, INC. -</b>	
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Principal Place of Business <b>1618 TALBOT AVENUE JACKSONVILLE, FL 32205</b>	Mailing Address <b>1618 TALBOT AVENUE JACKSONVILLE, FL 32205</b>
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03022004	No Chg-P CR2E034 (10/03)
4. FEI Number <b>74-2796524</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KIMBROUGH, TONIA 1618 TALBOT AVENUE JACKSONVILLE, FL 32205</b>
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7. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000089872</b> <b>03/16/04 80005 013 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBROUGH, TONIA 1618 TALBOT AVENUE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBROUGH, SCOTT 1618 TALBOT AVENUE JACKSONVILLE, FL 32205
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(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.

<b>SIGNATURE:</b> <i>Tonia Kimbrough</i> <b>Tonia Kimbrough, Pres.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>904-710-6542</b> <small>Daytime Phone #</small>
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