


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 8:00 am
Secretary of State

07-01-2004 90002 040 ***558.75

DOCUMENT # P99000062805

1. Entity Name
KIM CONSULTING AND THERAPIES, INCORPORATED



Principal Place of Business: **BAY PROF. BLDG., SUITE 102-B
 2061 BAY PALM ROAD
 PALM BAY, FL 32905**

Mailing Address: **4701 EAGLESHAM DRIVE
 ORLANDO, FL 32826-4020**

54059461



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

06162004 Chg-P CR2E034 (10/03)

City & State: City & State

Zip: Country Zip: Country

4. FEI Number: **05-0352090**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

KIM, JAMES
4701 EAGLESHAM DRIVE
ORLANDO, FL 32826

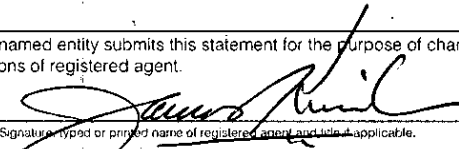
7. Name and Address of New Registered Agent

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:  DATE: **6-28-04**

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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	KIM, JAMES K	
STREET ADDRESS	4701 EAGLESHAM DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOCKEY, PETER CPA	
STREET ADDRESS	1500 PROVIDENCE HWY.	
CITY-ST-ZIP	NORWOOD, MA 02062	
TITLE	S	<input type="checkbox"/> Delete
NAME	KIM, YOUNG K	
STREET ADDRESS	4701 EAGLEHAM DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32826	
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		<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		
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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 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:  DATE: **6-28-04** 321-729-9419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR