


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90004 002 ***150.00

DOCUMENT # P99000094027
 1. Entity Name
KIMBERLY MANAGEMENT, INC.



Principal Place of Business
**5283 WEST ATLANTIC AVE.
 DELRAY BEACH, FL 33484**

Mailing Address
**5283 WEST ATLANTIC AVE.
 DELRAY BEACH, FL 33484**

20061087



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

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

06292005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
65-0960572

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FRICKE, HENRY A
 2500 MILITARY TRAIL, STE. 200
 BOCA RATON, FL 33431**

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 _____
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 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGLIESE, KIM J 5283 WEST ATLANTIC AVE. DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kimberly Pugliese* **6/29/05** **561-499-9935 EX 23**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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KIMBERLY MANAGEMENT INC.
5283 WEST ATLANTIC AVE.
DELRAY BEACH, FLORIDA 33433
561-499-9935

June 29, 2005

Re: Kimberly Management

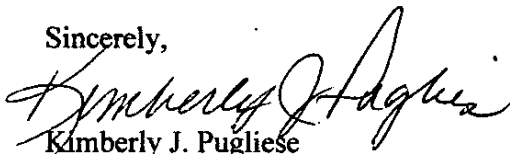
Doc. # P99000094027

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301

To Whom It May Concern:

It has come to my attention that my 2005 Annual Report, Document # P99000094027 has not been filed, due to the fact I did not receive prior notice. I am enclosing a check in the amount of \$150.00. Also the change of Registered Agent form has been completed.

Sincerely,



Kimberly J. Pugliese
Kimberly Management Inc. Pres.

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Division of Corporations

Annual Report

Annual Report Help

Document Number
P99000094027

Business Entity Name
KIMBERLY MANAGEMENT, INC.

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address
Suite, Apt. #, etc.
City, State ,
Zip Code & Country

Mailing Address

Address
Suite, Apt. #, etc.
City, State ,
Zip Code & Country

Name And Address of Registered Agent

Name (Last, First, Middle, Title) , , ,
-or- RA Business Name
Address (PO Box is not acceptable)
Suite, Apt. #, etc.
City, State ,
Zip Code & Country

If there is a change in registered agent, the new agent will need to type their name

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in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Kim J. Pugliese

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

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Title _____

Name (Last, First, Middle, Title) _____

-or- Entity Name _____

Street Address _____

City, State _____

Zip Code & Country _____

Title _____

Name (Last, First, Middle, Title) _____

-or- Entity Name _____

Street Address _____

City, State _____

Zip Code & Country _____

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title _____

Officer/Director Signature _____

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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