

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90291 036 ***150.00

DOCUMENT # F27709					
1. Entity Name JOHN KIERNAN CONSTRUCTION, INC.					
Principal Place of Business 4007 E 39TH ST BRADENTON FL 34208-6922 US			Mailing Address 4007 E 39TH ST BRADENTON FL 34208-6922 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2060854	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KIERNAN, JOHN 4007 E 39TH ST BRADENTON FL 34208-6922			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VTD	☐ Delete	TITLE	TSD	☒ Change ☐ Addition
NAME	KIERNAN, NANCY G		NAME		
STREET ADDRESS	4007 E 39TH ST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34208-6922		CITY-ST-ZIP		
TITLE	PS	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	KIERNAN, JOHN		NAME		
STREET ADDRESS	4007 E 39TH ST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34208-6922		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	VP	☐ Change ☒ Addition
NAME			NAME	BENJAMIN DEPRENGER	
STREET ADDRESS			STREET ADDRESS	4007 EAST 39TH ST	
CITY-ST-ZIP			CITY-ST-ZIP	BRADENTON, FL 34208-6922	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 941.748.1219

Date

Daytime Phone #