


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000046187
 1. Entity Name
KIERNAN LOVING AND ASSOCIATE INC.



Principal Place of Business Mailing Address
4619 HARBOUR COURT NO **4619 HARBOUR COURT NO**
JACKSONVILLE, FL 32225 **JACKSONVILLE, FL 32225**



03132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3741887 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LOVING, SUZANNE K
4619 HARBOUR COURT NO
JACKSONVILLE, FL 32225

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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 reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

100000263907
 03/15/05-80005-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOVING, SUZANNE K
STREET ADDRESS	4619 HARBOUR COURT NO
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	LOVING, FRANCIES L
STREET ADDRESS	4619 HARBOUR COURT NO
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	KIERNAN, JAMES
STREET ADDRESS	4619 HARBOUR COURT NO
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  03-14-05 (904) 641-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #