


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90038 021 ***150.00

DOCUMENT # J17784 1. Entity Name R. LOUISE KITTRELL, INC.	
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Principal Place of Business 239-4 JONES RD JACKSONVILLE, FL 32220 US	Mailing Address 905 PARK AVE STE 102 ORANGE PARK, FL 32221 US
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40010906



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2841158	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KITTRELL, LOUISE R *JOHN H MCCORVEY, JR*
239 - JONES RD. *4595 Lexington Ave*
JACKSONVILLE, FL 32220 *Jax FL 32210*

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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	DVP KITTRELL, JIMMY B 239-4 JONES ROAD JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRIFFIN, GALYNNA 239-4 JONES ROAD JACKSONVILLE, FL 32220
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08 *9045455076*
Date Daytime Phone #