

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J17784

FILED
Jan 11, 2009
Secretary of State

Entity Name: R. LOUISE KITTRELL, INC.

Current Principal Place of Business:

239-4 JONES RD
JACKSONVILLE, FL 32220 US

New Principal Place of Business:

257 JONES ROAD
JACKSONVILLE, FL 32220 US

Current Mailing Address:

905 PARK AVE STE 102
ORANGE PARK, FL 32221 US

New Mailing Address:

257 JONES ROAD
JACKSONVILLE, FL 32220 US

FEI Number: 59-2841158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCORVEY, JOHN H JR ESQ
1912 HAMILTON STREET
STE 204
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: KITTRELL, JIMMY B
Address: 239-4 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32220

Title: S () Delete
Name: GRIFFIN, GALYNNA
Address: 239-4 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32220

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPM (X) Change () Addition
Name: KITTRELL, JIMMY B
Address: 257 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32220

Title: S (X) Change () Addition
Name: GRIFFIN, GALYNNA
Address: 257 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32220

Title: AS () Change (X) Addition
Name: KIRKLAND, ALICE E
Address: 257 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32220

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMY B. KITTRELL

DPM

01/11/2009

Electronic Signature of Signing Officer or Director

_____ Date