2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

<u>!</u>	ANNUAL	REPORT			" Secret	ary of State
DOCUMENT # P00000027362				ĺ	Secret	ary or state
Entity Name DOUGLAS L. KIRKLAND, P.A.						
<u>-</u>	ce of Business	Mailing Address		1		
203 N.E. 8T OCALA, FL 3		203 N.E. 8TH AVENUE OCALA, FL 34470				
0010412		Outer, it days		A 18871881 I	r epil post katı delli epil ka	nim ham (PARS (1125 Billis Halls)) 1881
	<u>, </u>					
				1 (24)	ii nastr aniti Mülli Batti natit bi	illä tieli seese mile skill kuksas it rast
_	A NOT MOTE	○ □	01072004	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			レ E	4. FEI Numb		Applied For
				59-363		Not Applicable \$8.75 Additional
			 	5. Certificate	e of Status Desired	Fee Required
	6. Name and Address of Current Re	gistered Agent	1			
	D, DOUGLAS L		DO	NOT WE	RITE	
203 N.E. 8TH AVENUE OCALA, FL 34470				INI '	THIS SPA	CE
				11/4	inio off	NCE.
		<u> </u>	<u></u>		. , , , , , , , , , , , , , , , , , , ,	· AL.
	named entity submits this statement for the ions of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Florid	a. I am familiar with, and accept
SIGNATURE.					·	15
	Signature, typod or printed name of registered agent and	tille if applicable. (NOTE Register	d Agent signature required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS				
TITLE NAME	P KIRKLAND, DOUGLAS L				Lungon	000659 80006-016 (50.00
STREET ADDRESS	203 N.E. 8TH AVENUE		i		01/09/04-	30006-016 15D.OO
CITY-ST-ZIP	OCALA, FL 34470		}			
ntle Name	VST KIRKLAND, SHERRI R					
STREET ADDRESS	203 N.E. 8TH AVENUE					
CITY-ST ZIP	OCALA, FL 34470		1			
NAME						
STREET ADDRESS CITY - ST - ZIP		•	1	DO	NOT WF	RITE
RILE					THIS SPA	
NAME				11/1	I IIIO OF	NCE.
STREET ADDRESS CITY+ST-ZIP						
TITLE	<u> </u>	* .	1	•	to a second	* PM
NAME						
STREET ADDRESS CITY ST ZIP						
TITLE			1			
NAME						•
STREET ADDRESS CITY-ST-ZIP			I			

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 attackment with an address, with all other like empowered.