
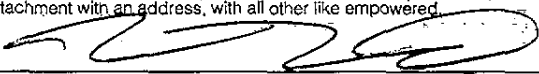


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000027362		
1. Entity Name DOUGLAS L. KIRKLAND, P.A.		
Principal Place of Business 203 N.E. 8TH AVENUE OCALA, FL 34470	Mailing Address 203 N.E. 8TH AVENUE OCALA, FL 34470	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KIRKLAND, DOUGLAS L 203 N.E. 8TH AVENUE OCALA, FL 34470		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) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRKLAND, DOUGLAS L 203 N.E. 8TH AVENUE OCALA, FL 34470	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KIRKLAND, SHERRI R 203 N.E. 8TH AVENUE OCALA, FL 34470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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)(b), 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		Date 1/25/05 352-369-6100 Daytime Phone #



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3636664

Applied For
Not Applicable

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

U00000199385
01/27/05-80088-019 150.00