

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P01000046187

1. Entity Name

KIERNAN LOVING AND ASSOCIATE INC.



Principal Place of Business

4619 HARBOUR COURT NO
JACKSONVILLE, FL 32225

Mailing Address

4619 HARBOUR COURT NO
JACKSONVILLE, FL 32225

DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/05)

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

**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

Suzanne K Loving

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/17/2007

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/02/07-80040-017 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne K Loving

04/17/2007

Date

Daytime Phone #

904-333-6701