


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90097 040 \*\*\*150.00

<b>DOCUMENT # P01000087851</b> 1. Entity Name <b>KEVIN KILLORAN CARPENTRY CONTRACTORS, INC.</b>	
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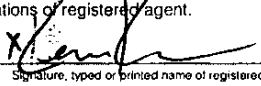
Principal Place of Business <b>27080 BERRY TRAIL BROOKSVILLE, FL 34602</b>	Mailing Address <b>PO BOX 10375 BROOKSVILLE, FL 34603</b>
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2. Principal Place of Business - No P.O. Box # <b>15332 PERIMETER DR</b>	3. Mailing Address Suite, Apt. #, etc.
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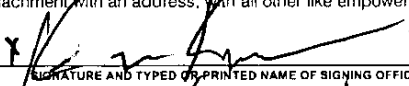
City & State <b>BROOKSVILLE FL</b>	City & State
Zip <b>34614</b>	Country

6. Name and Address of Current Registered Agent <b>KILLORAN, DIA 27080 BERRY TRAIL BROOKSVILLE, FL 34602</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>15332 PERIMETER DRIVE</b> City <b>BROOKSVILLE</b> <b>FL</b> Zip Code <b>34614</b>	
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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) Signature, typed or printed name of registered agent and title if applicable.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KILLORAN, KEVIN 27080 BERRY TRAIL BROOKSVILLE, FL 34602</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>15332 PERIMETER DR BROOKSVILLE FL 34614</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <b>DIA KILLORAN</b> Signature and typed or printed name of signing officer or director	Date <b>7/1/07</b> Daytime Phone #