

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90001 040 ***150.00

**-2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000132093

1. Entity Name
KIRKLAND D. FLOYD FINANCIAL SERVICES, INC.



Principal Place of Business
4900 LINTON BLVD.
29
DELRAY BEACH, FL 33445

Mailing Address
5169 CHARDONNAY DR.
29
CORAL SPRINGS, FL 33067 US

54072296



2. Principal Place of Business
DIB/HA ALLSTATE
Suite, Apt. #, etc.

3. Mailing Address
4900 Linton Blvd
Suite 29
City & State
Delray Beach, FL

08302004 Chg-P CR2E034 (10/03)

City & State

City & State
Delray Beach, FL
Zip
33445 Country
Palm Beach

4. FEI Number
45-0525295
Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

FLOYD, KIRKLAND D
5169 CHARDONNAY
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4900 Linton Blvd
Ste. 29 DIB/HA ALLSTATE
City Delray Beach FL Zip Code 33445

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 *Kirkland D. Floyd* DATE *9-8-2004*
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FLOYD, KIRKLAND D
STREET ADDRESS 5169 CHARDONNAY DR.
CITY-ST-ZIP CORAL SPRINGS, FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: *Kirkland D. Floyd* DATE *9-8-04* DAYTIME PHONE # *561-637-0800*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

Kirkland Floyd
-Exclusive Agent
Allstate Insurance Company
4900 Linton Boulevard, Bay 29
Delray Beach, FL 33445
Bus: (561) 637-0800
Fax: (561) 637-0213

54072296
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September 8, 2004

**Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301**

**Re: Kirkland D. Floyd Financial Services
45-0525295**

Dear Division of Corporations:

Enclosed is my application and check for the Annual Report for the above named company. After being away from my office from September 2nd through September 7th due to Hurricane Frances, I received your preprinted report and acted promptly to complete and overnight the application and payment.

I am requesting that the \$400 late filing fee be waived. I did not receive a prior application and the filing requirement was unbeknownst to me. The late filing fee would be a tremendous burden to me as a first year business owner.

Thanks in advance.

A handwritten signature in cursive script that reads 'Kirkland D. Floyd'.

Kirkland D. Floyd