

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P04000159218

1. Entity Name
102 KIRKMAN INC.



Principal Place of Business
102 KIRKMAN ROAD
ORLANDO, FL 32811

Mailing Address
61 E. FIRST STREET
APOPKA, FL 32703



01282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1923681

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

IAQUINTO, FRANK V
102 KIRKMAN ROAD
ORLANDO, FL 32811

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	P/D IAQUINTO, FRANK V 102 KIRKMAN ROAD ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T IAQUINTO, FRANK V 102 KIRKMAN ROAD ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IAQUINTO, DOROTHY B 3330 LAKESHORE BLVD ST CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, TERESA P 1509 BETH ANN COURT KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

UN00000711039
04/25/07-80067-017 150.00

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:

Frank V. Aquino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07

Date

4074609151

Daytime Phone #