## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000015612

Name:

Address:

City-St-Zip:

**FILED** Mar 16, 2008 Secretary of State

Entity Name: SHARON M. KIRKLAND, INC. **Current Principal Place of Business: New Principal Place of Business:** 6700 S. FLORIDA AVE. #16 LAKELAND, FL 33813 **Current Mailing Address: New Mailing Address:** 6700 S. FLORIDA AVE. #16 LAKELAND, FL 33813 FEI Number: 20-2273274 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KIRKLAND, SHARON M 815 LAKE ĆOVE POINTE LAKELAND, FL 33813 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition KIRKLAND, SHARON M KIRKLAND, SHARON M Name: Name: 815 LAK COVE POINTE 815 LAKE COVE POINTE Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

Title: () Delete Title: () Change () Addition

LENNON, RICHARD J Name: 815 LAKE COVE POINTE Address: LAKELAND, FL 33813 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON M. KIRKLAND **PRES** 03/16/2008