

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90036 038 \*\*\*150.00

DOCUMENT # P05000113157

1. Entity Name

THE KIERNAN GROUP, INC.



Principal Place of Business

2160 ASPEN RIDGE DR.  
ATLANTIC BEACH FL 32233

Mailing Address

2160 ASPEN RIDGE DR.  
ATLANTIC BEACH FL 32233

2. Principal Place of Business

31002 LOBLOLLY LANE  
Suite, Apt. #, etc.

3. Mailing Address

31002 LOBLOLLY LANE N  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip 32246

Country DUVAL

Zip 32246

Country DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIERNAN, KATHLEEN  
2160 ASPEN RIDGE DR.  
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name KATHLEEN KIERNAN

Street Address (P.O. Box Number is Not Acceptable)

13002 LOBLOLLY LANE NORTH

City JACKSONVILLE

FL

Zip Code 32246

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME KIERNAN, KATHLEEN  
STREET ADDRESS 2160 ASPEN RIDGE DR.  
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ 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  
NAME  
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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Kathleen Kiernan*

Date

Phone #

1/24/06