


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90023 005 \*\*\*150.00

<b>DOCUMENT # P05000113157</b>	
<b>1. Entity Name</b> THE KIERNAN GROUP, INC.	

<b>Principal Place of Business</b> 31002 LOBLOLLY LN N JACKSONVILLE FL 32246	<b>Mailing Address</b> 31002 LOBLOLLY LN N JACKSONVILLE FL 32246
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<b>2. Principal Place of Business - No P.O. Box #</b> 13002 Loblolly Ln. N. JACKSONVILLE	<b>3. Mailing Address</b> 13002 Loblolly Ln. NORTH Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)  
20-330-2459

<b>City &amp; State</b> FLORIDA	<b>City &amp; State</b> JACKSONVILLE	<b>4. FEI Number</b> INCORRECT -> (20-3302059)	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 32246	<b>Country</b> USA	<b>Zip</b> FL 32246	<b>Country</b> USA

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

<b>6. Name and Address of Current Registered Agent</b> KIERNAN, KATHLEEN 31002 LOBLOLLY LANE NORTH JACKSONVILLE FL 32246	<b>7. Name and Address of New Registered Agent</b> Name: KATHLEEN L. KIERNAN Street Address (P.O. Box Number is Not Acceptable): 13002 Loblolly Lane North City: JACKSONVILLE FL Zip Code: 32246
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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: Kathleen L. Kiernan DATE: 3-17-08

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR KIERNAN, KATHLEEN 13002 LOBLOLLY LANE NORTH JACKSONVILLE FL 32246	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
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 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 L. Kiernan 3-17-08 904-303-0243  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #