

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000009992

1. Entity Name
KIERNAN MACKENZIE INTERIORS, INC.



Principal Place of Business
6541 TIMBER LANE
BOCA RATON, FL 33433

Mailing Address
6541 TIMBER LANE
BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0367997

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, R. BOWEN
1515 SOUTH FEDERAL HWY., SUITE 306
BOCA RATON, FL 33432

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GILLESPIE, KATHRYN L
STREET ADDRESS 6541 TIMBER LANE
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE S
NAME GILLESPIE, R. BOWEN
STREET ADDRESS 6541 TIMBER LANE
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE
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CITY-ST-ZIP

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05/02/08-80023-019 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. BOWEN GILLESPIE

3-24-08

Date

561-368-5158

Daytime Phone #