

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092377

FILED  
Feb 08, 2010  
Secretary of State

**Entity Name:** KILLIAN CORPORATION OF PALM BEACH COUNTY

**Current Principal Place of Business:**

2510 SUN COVE LANE  
N PALM BEACH, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

2510 SUN COVE LANE  
N PALM BEACH, FL 33410

**New Mailing Address:**

**FEI Number:** 26-0795804      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UVANILE, JOSEPH D  
2510 SUN COVE LANE  
N PALM BEACH, FL 33410      US

**Name and Address of New Registered Agent:**

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:**

**Title:** DPST  
**Name:** UVANILE, JOSEPH D  
**Address:** 1351 SOUTH KILLIAN DRIVE, SUITE 4  
**City-St-Zip:** LAKE PARK, FL 33403

**Title:** DV  
**Name:** UVANILE, JOSEPH C  
**Address:** 2510 SUN COVE LANE  
**City-St-Zip:** N PALM BEACH, FL 33410

**Title:** V  
**Name:** FORSYTHE, RYAN  
**Address:** 1351 SOUTH KILLIAN DRIVE, SUITE 4  
**City-St-Zip:** LAKE PARK, FL 33403

**Title:** V  
**Name:** KRESSER, GARY  
**Address:** 1351 SOUTH KILLIAN DRIVE, SUITE 2  
**City-St-Zip:** LAKE PARK, FL 33403

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH D. UVANILE

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02/08/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date