

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000035883

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** KIRKLAND INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2518 HWY 77 STE C  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

2518 HWY 77 STE C  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 94-3477921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARD, LORI E  
800 EAST HEWETT ROAD  
SANTA ROSA BEACH, FL 32459 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KIRKLAND, JAMES W  
Address: 1506 RHODE ISLAND AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: S/T  
Name: KIRKLAND, KAREN M  
Address: 1506 RHODE ISLAND AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

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: KAREN M KIRKLAND

S/T

04/18/2012

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

\_\_\_\_\_ Date