2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 07, 2008 08:00 Al Secretary of State DOCUMENT # P93000077630 1. Entity Name KERLIN CONSTRUCTION, INC. Principal Place of Business Mailing Address 2762 KELLY PARK RD. 2820 KELLY PARK RD APOPKA FL 32712 APOPKA FL 32712 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 59-3229796 Not Applicable Ζιρ Country Z:p Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KERLIN, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 2820 KELLY PARK RD APOPKA FL 32712 City Zip Code 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 Significate, typed or primed (an iniciting stirred agent and the it implicable (NOTE: Registined Agorit empliture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ De-ete TITLE Change Addition | U000000882166 KERLIN, MICHAEL J 04/16/08-20030-004 150.00 STREET ADDRESS 2820 KELLY PARK RD. STREET ADDRESS CITY-ST-Zi? APOPKA FL CITY-ST-ZIP TITLE De-ele TITLE ☐ Change ■ Addition NAME KERLIN, GLORIA F NAME STREET ADDRESS 2820 KELLY PARK RD. STREET ADDRESS CITY-ST-ZIP APOPKA FL CITY-ST-ZIP TITLE De ete HIFF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THEE Derete TIFLE Change Addition | NAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE TITLE De-ele ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 coefficient 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 affectively with an address, and all other hyperpowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OF SMINTED NAME OF SMINING

ly Gloria F. Kerlin

44408

407-886-434