2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000059219

1. Entity Name
JOEY KIRKLAND INSURANCE, INC.

Principal Place of Business	Mailing Address
3 B MIRACLE STRIP LOOP PANAMA CITY BEACH, FL 32407 US	6348 OAK KNOLL ROAD PANAMA CITY, FL 32404 US

DO NOT WRITE IN THIS SPACE

04272004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3233911	Not Applicable

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

6. Name and Address of Current Registered Agent

KIRKLAND, DANNY J.
3 B MIRACLE STRIP LOOP
PANAMA CITY BEACH, FL 32407

DO NOT WRITE 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, 2004 Fee will be $550.00

9. Election Campaign Financing ☐   **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	VP
NAME	KIRKLAND, BETSY M
STREET ADDRESS	6348 OAK KNOLL ROAD
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	P
NAME	KIRKLAND, DANNY J
STREET ADDRESS	6348 OAK KNOLL ROAD
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U0000013B772
04/29/04-80093-024 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joey Kirkland*   JOEY KIRKLAND   4/27/04   850-235-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #