

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000059219

1. Entity Name
JOEY KIRKLAND INSURANCE, INC.



Principal Place of Business
**3 B MIRACLE STRIP LOOP
PANAMA CITY BEACH, FL 32407 US**

Mailing Address
**6348 OAK KNOLL ROAD
PANAMA CITY, FL 32404 US**



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3233911

Applied For
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000405619
02/07/06-80046-011 150.00

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	

**DO NOT WRITE
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

JOEY KIRKLAND

1/26/06

850-235-1313

Date

Daytime Phone #