

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000059219

FILED
Apr 07, 2009
Secretary of State

Entity Name: JOEY KIRKLAND INSURANCE, INC.

Current Principal Place of Business:

3 B MIRACLE STRIP LOOP
PANAMA CITY BEACH, FL 32407 US

New Principal Place of Business:

Current Mailing Address:

6348 OAK KNOLL ROAD
PANAMA CITY, FL 32404 US

New Mailing Address:

FEI Number: 59-3233911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRKLAND, DANNY J.
3 B MIRACLE STRIP LOOP
PANAMA CITY BEACH, FL 32407 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: VP () Delete
Name: KIRKLAND, BETSY M
Address: 6348 OAK KNOLL ROAD
City-St-Zip: PANAMA CITY, FL

Title: P () Delete
Name: KIRKLAND, DANNY J
Address: 6348 OAK KNOLL ROAD
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOEY KIRKLAND

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date