


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000011512</b> 1. Entity Name KILKENNY INSURANCE AGENCY, INC.	
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Principal Place of Business 2361 APPALOOSA TRAIL SUITE 100 WELLINGTON, FL 33414	Mailing Address 2361 APPALOOSA TRAIL SUITE 100 WELLINGTON, FL 33414
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01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0554485	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

KAHN, HOWARD N  
4000 HOLLYWOOD BLVD, 485 SOUTH  
HOLLYWOOD, FL 33021

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITLOW, LAURA S 2361 APPALOOSA TRAIL STE 100 WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITLOW, MICHAEL R 2361 APPALOOSA TRAIL STE 100 WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/10/07-80053-001 150.00

**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:** Laura S. Whitlow Laura S. Whitlow

1/6/07

561-795-5401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #