## FILED Feb 11, 2008 8:00 am Secretary of State

561-795-540.1 Daytere Phone #

2/4/08 Date

2008	FOR	PROFIT	CORPO	RATION
	A	NNUAL	<b>REPORT</b>	Γ ,

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DOCUMENT # P95000011512  1. Entity Name KILKENNY INSURANCE AGENCY, INC.								02-11-200	8 90055 0	003 ***15	50.00
Principal Place	e of Business	, , , , , , , , , , , , , , , , , , , ,	Mailing Address				-				
Principal Place of Business 2361 APPALOOSA TRAIL SUITE 100 WELLINGTON, FL 33414		2361 APPALOOSA TRAIL SUITE 100 WELLINGTON, FL 33414			1 <b>  100</b>   10 <b>0   100   10</b>	121 B1114 BB114 BB114 B4	 	BL BIIDE (1818 III	TI <b>nd</b> 16 <b>1110</b> £		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072008	Chg-P	CR2E03	34 (12/06)	•		
City & State		City & State			4. FEI Number 65-05544	185			pplied For at Applicable		
Zip		Country	Zip	Coun	try		5. Certificate of			8.75 Add ee Required	
	6. Name	and Address of Current R	egistered Agent				7. Name and A	ddress of New	Registered A	gent	
					Name						Ì
KAHN, HOWARD N 4000 HOLLYWOOD BLVD, 485 SOUTH HOLLYWOOD, FL 33021				Street Address (P.O. Box Number is Not Acceptable)							
					City				FL	Zip Code	9
8 The above	named entity	cultimite this statement for	the purpose of changing its	rogistor	ad allina ar ra	agintar	ad agant or both	in the State of E		nmilios with	and against
the obligati	ions of regist	ered agent.	the purpose of changing its	registere	ac office of te	ağıstere	ed agent, or both,	in the State of F	юпа. гат п	amiliar With,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agent ar	od title if applicable. (NOTE	: Registere	d Agent signature i	required	when reinstating)		DATE	•	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$ Trust Fund Contribution.											
						<b>\$5.</b> Adde	00 May Be ed to Fees	•			
			n Trust Fund Contr			\$5. Adde	ed to Fees	HANGES TO OF	FICERS AND	DIRECTORS	S IN 11
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