

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90031 046 ***150.00

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1. Entity Name

KILLEARN ANTIQUES, INC.

Principal Place of Business

1415 TIMBERLANE RD
TALLAHASSEE FL 32312

Mailing Address

1415 TIMBERLANE RD
TALLAHASSEE FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3368642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALMARODE, RICHARD
1415 TIMBERLANE ROAD
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

MARCIA STRAZULA

Street Address (P.O. Box Number is Not Acceptable)

1415 Timberlane RD.

City

TCH, FL 32302

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME STRAZULA, MARCIA
STREET ADDRESS 1415 TIMBERLANE RD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE VP ☐ Delete
NAME IVORY, EVE
STREET ADDRESS 1415 TIMBERLANE RD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE J ☐ Delete
NAME HAGGERTY, ANN
STREET ADDRESS 1415 TIMBERLANE RD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE S ☐ Delete
NAME ALMARODE, RICHARD
STREET ADDRESS 1415 TIMBERLANE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARCIA STRAZULA 1/17/06 (850) 893-0570