2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90106 006 ***150.00

DOCUMENT # P95000065651

1. Entity Name
KILLEARN ANTIQUES, INC.

Principal Place of Business	Mailing Address
1415 TIMBERLANE RD TALLAHASSEE FL 32312	1415 TIMBERLANE RD TALLAHASSEE FL 32312

L00023024

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
STRAZULLO, MARCIA 1415 TIMBERLANE ROAD TALLAHASSEE FL 32303	Name Street Address (P.O. Box Number is Not Acceptable) City **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 mandatory) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STRAZULA, MARCIA 1415 TIMBERLANE RD TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V.P. MARCIA Strazulla 1415 Timberlane Rd TLH, FL. 32312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP IVORY, EVE 1415 TIMBERLANE RD TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P. EVE IVORY 1415 Timberlane Rd TLH, FL. 32312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAGGERTY, ANN 1415 TIMBERLANE RD TALLAHASSEE FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALMARODE, RICHARD 1415 TIMBERLANE ROAD TALLAHASSEE FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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 like empowered.

SIGNATURE: Marcia Strazulla 2/9/07 (850) 893-0510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #