

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

ATX1

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000100377			
1. Entity Name			
JIM KIRKLAND TATTOOING INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
1435 S 6TH ST		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MACCLENNY, FL			
Zip	Country	Zip	Country
32063			
		4. FEI Number	Applied For
		59-3554195	Not Applicable
		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name			
KIRKLAND, JAMES C.			
Street Address (P.O. Box Number is Not Acceptable)			
4740 DOGWOOD STREET			
City			
MACCLENNY			
FL			
Zip Code			
32063			
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			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25			
9. Election Campaign Financing \$5.00 May Be Added to Fees			
Trust Fund Contribution. <input type="checkbox"/>			
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11.	
TITLE	D	TITLE	
NAME	KIRKLAND, JAMES C.	NAME	
STREET ADDRESS	4740 DOGWOOD STREET	STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY, FL 32063	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE:		11/31/06	
JAMES C. KIRKLAND		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
		904 663-1777	