

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

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90053 003 ***150.00

DOCUMENT # P98000100377	
1. Entity Name	
JIM KIRKLAND TATTOOING INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1435 S 6TH ST		3. Mailing Address 1435 S 6TH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MACCLENNY, FL		City & State MACCLENNY, FL	
Zip 32063-4624	Country	Zip 32063	Country

40116998

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3554195		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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	Zip Code 32063

**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**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	11.
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TITLE D	NAME KIRKLAND, JAMES C.	TITLE	NAME
STREET ADDRESS 4740 DOGWOOD STREET	STREET ADDRESS MACCLENNY, FL 32063	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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**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:

JAMES C. KIRKLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904 663-1777

Daytime Phone #

4/26/07