

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000144050

**Entity Name:** KATHLEEN KILGANNON-MOCK, INC.

**Current Principal Place of Business:**

7006 ATLANTIC BLVD  
JACKSONVILLE, FL 32211-8706

**Current Mailing Address:**

7006 ATLANTIC BLVD  
JACKSONVILLE, FL 32211-8706

**FEI Number:** 51-0611325

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KILGANNON-MOCK, KATHLEEN  
7006 ATLANTIC BLVD  
JACKSONVILLE, FL 32211-8706 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSTD  
Name KILGANNON-MOCK, KATHLEEN  
Address 29 FLEMING CT  
City-State-Zip: PALM COAST FL 32131

Title VP  
Name KILGANNON-MOCK, KATHLEEN  
Address 29 FLEMING CT  
City-State-Zip: PALM COAST FL 32131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN KILGANNON-MOCK

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03/05/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date