

**FILED**

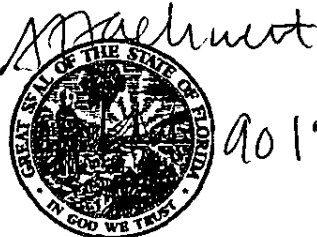
**Aug 15, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90034 004 \*\*\*400.00  
 08-15-2003 90079 010 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # 408279</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |         |                                                                                                                     |  |                                                                   |
| 1. Entity Name<br>KIRK REALTY, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| Principal Place of Business<br>213 HARRISON ST.<br>TITUSVILLE FL 32780                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |         | Mailing Address<br>213 HARRISON ST.<br>TITUSVILLE FL 32780                                                          |                                                                                   |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |         | 3. Mailing Address                                                                                                  |                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |         | Suite, Apt. #, etc.                                                                                                 |                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |         | City & State                                                                                                        |                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Country |                                                                                                                     | Zip                                                                               |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| 4. FEI Number <b>59-1411975</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |         |                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |         |                                                                                                                     | <b>\$8.75</b> Additional Fee Required                                             |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |         | 7. Name and Address of New Registered Agent                                                                         |                                                                                   |                                                                   |
| KIRK, ROBERT W.<br>213 HARRISON ST.<br>TITUSVILLE FL 32780                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |         | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                   |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VSD <input type="checkbox"/> Delete |         |                                                                                                                     |                                                                                   |                                                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | KIRK, ROBERT W.                     |         |                                                                                                                     |                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 213 HARRISON ST.                    |         |                                                                                                                     |                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TITUSVILLE FL                       |         |                                                                                                                     |                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete     |         |                                                                                                                     |                                                                                   |                                                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete     |         |                                                                                                                     |                                                                                   |                                                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete     |         |                                                                                                                     |                                                                                   |                                                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete     |         |                                                                                                                     |                                                                                   |                                                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete     |         |                                                                                                                     |                                                                                   |                                                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete     |         |                                                                                                                     |                                                                                   |                                                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |         |                                                                                                                     |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |         |                                                                                                                     |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |         |                                                                                                                     |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |         |                                                                                                                     |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |         |                                                                                                                     |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| SIGNATURE _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |         |                                                                                                                     |                                                                                   |                                                                   |
| 7/14/03 324-267-0741<br>Date Daytime Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |         |                                                                                                                     |                                                                                   |                                                                   |

CR2E034 (10/02)



*90156541*

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 21, 2003

KIRK REALTY, INC.  
213 HARRISON ST.  
TITUSVILLE, FL 32780

Subject: KIRK REALTY, INC.

Reference Number:

408279

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$400.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$150.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/sg

ANNUAL REPORTS SECTION

*Paid \$150.-  
Ch # 393  
Kirk Realty, Inc.*