


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # F31857
 1. Entity Name
DAVE SHIRK ENTRPRISES, INC.



Principal Place of Business P. O. BOX 5126 PO BOX 5126 SARASOTA, FL 34277	Mailing Address P. O. BOX 5126 PO BOX 5126 SARASOTA, FL 34277
--	--

DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2084185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIRK, DAVID M
 6834 JARVIS RD
 SARASOTA, FL 34241

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SHIRK, DAVID M 6834 JARVIS RD SARASOTA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHIRK, LAURA J 6834 JARVIS RD SARASOTA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000720009
 05/01/07-80086-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Laura J. Shirk, Sec.* **Laura J. Shirk** 4/18/07 944/379-7925
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Sec.