

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT #281634
1. Entity Name
KIRVIN AND SON INCORPORATED

Principal Place of Business
**380 MARNET STREET
APALACHICOLA, FL 32320**

Mailing Address
**PO BOX 729
APALACHICOLA, FL 32320 US**

DO NOT WRITE IN THIS SPACE



000004 NoCorp 000004(1000)

4. FE Number
58-1086304

5. Certified Status Desired **\$675 Annual Fee Required**

6. Name and Address of Current Registered Agent
**KIRVIN BOBBY B
101 2ND STREET
APALACHICOLA, FL 32320**

DO NOT WRITE IN THIS SPACE

8. The above information is submitted in accordance with the provisions of the Florida corporation laws and regulations, or both, in the State of Florida. I understand that I am obligated to register this information.

SIGNATURE _____ DATE _____

FILE NOW! FEES \$680.00
Due by September 8, 2004

9. Election Campaign Financing
That Fed Contribution **\$500 Min. Annu. Fee**

000000165703
07/16/04-30007-018 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIRVIN BOBBY B
STREET/ADDRESS	101 2ND ST
CITY-STATE-ZIP	APALACHICOLA, FL 32320
TITLE	VP
NAME	KIRVIN WARD
STREET/ADDRESS	4 TIMBERWOOD COURT
CITY-STATE-ZIP	APALACHICOLA, FL 32320
TITLE	VP
NAME	KIRVIN STACY
STREET/ADDRESS	91 2ND ST
CITY-STATE-ZIP	APALACHICOLA, FL 32320
TITLE	S
NAME	KIRVIN ELIZABETH
STREET/ADDRESS	101 2ND ST
CITY-STATE-ZIP	APALACHICOLA, FL 32320
TITLE	
NAME	
STREET/ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET/ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

I hereby certify that the information reported in this report is true and correct to the best of my knowledge and belief, and that I am not a director or officer of the corporation at the time of filing this report. I understand that I am obligated to register this information.

SIGNATURE Stacy Kirvin STACY KIRVIN 7/7/04 850 653 9696