

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 281634

1. Entity Name
KIRVIN AND SON INCORPORATED



Principal Place of Business
**399 MARKET STREET
APALACHICOLA, FL 32320**

Mailing Address
**P.O. BOX 759
APALACHICOLA, FL 32320 US**



07272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1056304

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KIRVIN, BOBBY B
101 22ND STREET
APALACHICOLA, FL 32320**

**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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000374767
07/28/05-80001-017-550.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KIRVIN, BOBBY B 101 22ND ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KIRVIN, WARD 4 TIMBERWOOD COURT APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KIRVIN, STACY 91 22ND ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KIRVIN, ELIZABETH 101 22ND ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone