## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED** Jan 22, 2007 08:00 AM Secretary of State

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1. Entity Name THE KIRTON CORPORATION



Principal Place of Business

1630 TOMOKA FARMS ROAD PORT ORANGE, FL 32128

Mailing Address

1630 TOMOKA FARMS ROAD PORT ORANGE, FL 32128



4.	FEI Number
	59-1227972
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	6. Name and Address of Current Regist	tered Agent		Proposition of the State of	one style to the gen	9 Pricamort 1 ma	1971 J.J. or at 1 1915
PORT OR	MYRON S. OKA FARMS ROAD ANGE, FL 32128	Day to 1848	ing an entry	to the proceeding space of the process of the proce	THIS SP May Very Soft of the Co May See Sucre Soft Co See Sucre Sucre Soft Co See Sucre Sucre Soft Co See Sucre Sucre Sucre Soft Co See Sucre Sucre Sucre Sucre Soft Co See Sucre Sucre Sucre Sucre Sucre Sucre Sucr Sucr Sucr Sucr Sucr Sucr Sucr Sucr	RITE 1990	m galor dan Anna One Delilling di Ant Hara addidi da Santa Maria Delila da James Maria da Herri da James Maria da Anta da Anta Maria da Anta da Anta
	named entity submits this statement for the p ions of registered agent.	urpose of changing its register	ed office or re	egistered agent, or	both, in the State of Flo	rida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title r	f applicable (NOTE: Registere	d Agent signature	required when reinstating	1	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	$1 = y_1 \ldots y_{i-1}^{-1} \cdot y_{i-1}^{-1}$	and the secondary	ration group to a	Section 1978	The same of the sa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRTON, MYRON S 1630 TOMOKA FARMS ROAD PORT ORANGE, FL 32128		9 ***	and which has a mile of the second	The second secon	and the second of the second o	A think of the following of the second of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRTON,KRYSTINE 94 MCGRAW AVE CENTEREACH, NY		a South y a	The second section of the second seco	U0000059 01/24/07-80	)7690 )045-009 1	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINGARD,KATHRYN K 2355 TOMOKA FARMS RD. PORT ORANGE, FL 32128		ray by	DC	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			e Length Length	IN	THIS SP	ACE	en e
TITLE NAME STREET ADDRESS CITY-ST-ZIP			A	Manager of the second of the s			s e
TITLE NAME STREET ADDRESS CITY-ST-ZIP						4	

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.