

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 319720

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**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1227972

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRTON, MYRON S.
1630 TOMOKA FARMS ROAD
PORT ORANGE, FL 32128**

**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 reappointing)

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 **P**
NAME **KIRTON, MYRON S**
STREET ADDRESS **1630 TOMOKA FARMS ROAD**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE **D**
NAME **KIRTON, KRYSTINE**
STREET ADDRESS **94 MCGRAW AVE**
CITY-ST-ZIP **CENTEREACH, NY**

TITLE **SD**
NAME **WINGARD, KATHRYN K**
STREET ADDRESS **2355 TOMOKA FARMS RD.**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000597690
01/24/07-80045-003 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Myron Kirton **MYRON KIRTON** Pres. Jan 17 07