2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 639874 Feb 03, 2005 08:00 AM 1. Entity Name **Secretary of State** KIRWAN ENTERPRISES, INC. Principal Place of Business Mailing Address 5870 STIRLING ROAD 5870 STIRLING ROAD HOLLYWOOD FL 33021-1527 HOLLYWOOD FL 33021-1527 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-1947416 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIRWAN, JOYCE H Street Address (P.O. Box Number is Not Acceptable) 5870 STIRLING ROAD HOLLYWOOD FL Zip Code 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 Sprature, your or printed pame of registered agont and title if applicable (NOTE, Registered Agent signature required when reinstarting) FILE NOW!! FEE IS \$150.00 WAfter May 1, 2005 Fee Will Be \$550.00 Election Campaign Financing 355.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT THE ☐ Delete HILE ☐ Change ☐ Addition KIRWAN, JOYCE H NAME NAME STREET ADDRESS 5870 STIRLING RD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP DVP HILE ☐ Delete U00000214067 Change 02/03/05-80037-003 150.00 Addition THLE NAME KIRWAN, DANIEL M NAME 5870 STIRLING RD STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CHTY-ST-ZIP CITY-ST-ZIP THE DS ☐ Delete HILE Change Addition NAME KIRWAN, DAVID L JR STREET ADDRESS 5870 STIRLING RD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP DILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOTALE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 tike empowered.

SIGNATURE: AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIREC

005 754-961-6351

FILED