


FILED
May 31, 2007 8:00 am
Secretary of State

5/

05-07-2007 90053 015 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G41404 1. Entity Name D.L. KIRBY, INC.		
Principal Place of Business 643 N.W. 146TH STREET MIAMI, FL 33168		Mailing Address 643 N.W. 146TH STREET MIAMI, FL 33168
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KIRBY, DENFIELD L 643 N.W. 146TH STREET MIAMI, FL 33168		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KIRBY, DENFIELD L 643 N.W. 146TH STREET MIAMI, FL 33168	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS KIRBY, DELORES 643 N.W. 146TH STREET MIAMI, FL 33168	
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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 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: <u>Don Field L. Kirby</u> 5-29-07 305 9728 5270 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devoles From</small>		

66017216



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2230373

Applied For
Not Applicable

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