

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90025 049 \*\*\*158.75

**DOCUMENT # G88341**

1. Entity Name

KIRTECH ENTERPRISES, INC.



Principal Place of Business

28210 LAKE INDUSTRIAL BLVD.  
TAVARES FL 32778  
US

Mailing Address

28210 LAKE INDUSTRIAL BLVD.  
TAVARES FL 32778  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2585051

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRST, RUDOLPH F.  
28210 LAKE TRAIL BLVD.  
TAVARES FL 32778

Name DAVID A. KIRST

Street Address (P.O. Box Number is Not Acceptable)

2525 Morningside DR

City

MOUNT DORA

FL

Zip Code

32757

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 David A. Kirst

Signature, typed or printed name of registered agent and title if applicable.

DAVID A. KIRST

(NOTE: Registered Agent signature required when reinstating)

2/16/06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete  
NAME KIRST, RUDOLPH F.  
STREET ADDRESS 880 LAKE GRACIE  
CITY-ST-ZIP EUSTIS FL

TITLE V ☐ Delete  
NAME KIRST, DAVID A  
STREET ADDRESS 2525 MORINGSIDE DR  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE S ☒ Delete  
NAME KIRST, MONA P  
STREET ADDRESS 880 LAKE GRACIE  
CITY-ST-ZIP EUSTIS FL

TITLE T ☐ Delete  
NAME KIRST, MARILYN L.  
STREET ADDRESS 2525 MORINGSIDE DR  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President ☒ Change ☐ Addition  
NAME KIRST, DAVID A  
STREET ADDRESS 2525 Morningside DR  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary and Treasurer ☒ Change ☐ Addition  
NAME KIRST MARILYN L. KIRST  
STREET ADDRESS  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David A. Kirst DAVID A. KIRST 2/16/06 352 742-7222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #