2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 21, 2008 08:00 Al DOCUMENT # H98058 Secretary of State 1. Entity Name KIRBY KING CONSTRUCTION, INC. Principal Place of Business Mailing Address 721 SHORE DRIVE 721 SHORE DRIVE VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 59-2759941 Not Applicable Ζıρ Country Zip Country \$8.75 Additional \Box Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING, ELIABETH LYNN Street Address (P.O. Box Number is Not Acceptable) 721 SHORE DRIVE VERO BEACH FL 32963 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, 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 the Tappicable. (NOTE Registered Agent signature required whon reinstatury) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE Delete KING, KIRBY NAME U00000834388 02/28/08-800\$1-013 150.00 STREET ADDRESS 721 SHORE DRIVE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP TITLE VΡ ☐ Delete ☐ Change ☐ Addition NAME **ELIZABETH KING** STREET ADDRESS 721 SHORE DRIVE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 2)P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 indirector, with all other like empowered.

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

King

2/20/08

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Day: no Phone a