


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # K23110 1. Entity Name KIRBY MOLD, INC.	
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Principal Place of Business 1512 18TH AVE DR E PALMETTO, FL 34221 US	Mailing Address PO BOX 1828 PALMETTO, FL 34220 US
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DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0045538	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KIRBY, HERSHEL 1512 18TH AVE DR E PALMETTO, FL 34221
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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 reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000227327 02/12/05-80052-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRBY, HERSHEL 1512 18TH AVE DR E PALMETTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP KIRBY, KEVIN L 1512 18TH AVE DR E PALMETTO, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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><i>Hershel Kirby</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u><i>2-10-05</i></u> <u><i>9417293659</i></u> <small>Date Daytime Phone #</small>
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