

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # K23110

1. Entity Name
KIRBY MOLD, INC.



Principal Place of Business
**1512 18TH AVE DR E
PALMETTO, FL 34221 US**

Mailing Address
**PO BOX 1828
PALMETTO, FL 34220 US**



03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0045538

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**KIRBY, HERSHEL
1512 18TH AVE DR E
PALMETTO, FL 34221**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000635614
04/17/07-80065-023 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-07

Date

941 729 3659

Daytime Phone #