2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K35099

Entity Name: KIRKER, INC.

City-St-Zip:

FILED Jul 10, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	ASHTON RD STINE, FL 32092	US				
Current Mailing Address:			New Maili	New Mailing Address:		
	ASHTON RD STINE, FL 32092	US				
FEI Number:	: 59-2937435 FI	El Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of Curr	ent Registered Agent:	Name and	Address of New Registered Agent:		
	RKER ASHTON RD STINE, FL 32092	US				
	named entity subr e of Florida.	nits this statement for the	purpose of changing i	ts registered office or registered agent, or	both,	
SIGNATU	RE:					
	Electronic S	ignature of Registered Ag	ent	Date		
	, ,,	b), F.S., the corporation did n st Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	P () Dele KIRKER, KEITH 2480 JOE ASHTON ST AUGUSTINE, FL	RD	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	VP () Dele KEITH KIRKER, 2480 JOE ASHTON ST AUGUSTINE, FL	RD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TS () Delete KIRKER, RENEE 2480 JOW ASHTON RD. SAINT AUGUSTINE, FL 32092		Title: Name: Address: City-St-Zip:	TS (X) Change () Addition KIRKER, RENEE 2480 JOE ASHTON RD. SAINT AUGUSTINE, FL 32092		
Title: Name: Address:	() Dele	ete	Title: Name: Address:	D () Change (X) Addition KIRKER, EUGENE 2480 JOE ASHTON RD.		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KEITH KIRKER P 07/10/2006

SAINT AUGUSTINE, FL 32092