

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000045549

1. Entity Name  
KIRK'S FRAMING INC.



Principal Place of Business  
904 JOHNS AVE.  
ORANGE PARK, FL 32065

Mailing Address  
904 JOHNS AVE.  
ORANGE PARK, FL 32065

**DO NOT WRITE IN THIS SPACE**

01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3718569	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRK, PATRICIA  
904 JOHNS AVE.  
ORANGE PARK, FL 32065

**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 Patricia (Kirk) Kolosky

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

(NOTE: Registered Agent signature required when reinstating)

2-14-04

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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 KIRK, PATRICIA 904 JOHNS AVE. ORANGE PARK, FL 32065	NAME Change due to MARRIAGE <u>Patricia Kolosky</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KIRK, CORENE 904 JOHNS AVE. ORANGE PARK, FL 32065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia (Kirk) Kolosky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-04 904-591-5593

Date

Daytime Phone #