

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

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



07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3718569

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 rehashing)

DATE

000000769124
07/16/07-80015-002 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KOLOSZY, PATRICIA
STREET ADDRESS 904 JOHNS AVE.
CITY - ST - ZIP ORANGE PARK, FL 32065

TITLE STD
NAME KIRK, CORENE
STREET ADDRESS 904 JOHNS AVE.
CITY - ST - ZIP ORANGE PARK, FL 32065

TITLE VP
NAME KOLOSZY, JAMES
STREET ADDRESS 904 JOHNS AVE
CITY - ST - ZIP ORANGE PARK, FL 32065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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 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:

Patricia Koloszy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-07

Date

Daytime Phone #