2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachn

SIGNATURE:

Apr 08, 2004 8:00 am Secretary of State DOCUMENT # P03000057804 1. Entity Name 🛬 04-08-2004 90019 011 ***150.00 KIRK LAND MANAGEMENT, INC. Principal Place of Business Mailing Address 915 OLD DIXIE HWY SW 915 OLD DIXIE HWY SW VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number #56-2366818 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIERCE, DALE 915 OLD DIXIE HWY SW Street Address (P.O. Box Number is Not Acceptable) ₩ERO BEACH FL 32960 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITI F ☐ Change Addition PIERCE, MARK D NAME NAME STREET ADDRESS 915 OLD DIXIE HWY SW STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change ☐ Addition PIERCE, DALE E NAME NAME 915 OLD DIXIE HWY SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME KIRK, BRIAN NAME STREET ADDRESS 915 OLD DIXIE HWY SW STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 in ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

th all other like empowered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark D. Peirce / D.

April 5, 2004

Daytime Phone #

FILED