


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90048 017 \*\*\*150.00

<b>DOCUMENT # P03000057804</b> 1. Entity Name KIRK LAND MANAGEMENT, INC.					
Principal Place of Business 915 OLD DIXIE HWY SW VERO BEACH, FL 32960			Mailing Address 915 OLD DIXIE HWY SW VERO BEACH, FL 32960		
2. Principal Place of Business		3. Mailing Address 915 Old Dixie Hwy., SW			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Vero Beach, Fla.		4. FEI Number 56-2366818	
Zip 32962		Country Indian River		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PIERCE, DALE 915 OLD DIXIE HWY SW VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name Dale Peirce (Same, Correct Spell. & Zip) Street Address (P.O. Box Number is Not Acceptable) 915 Old Dixie Hwy., SW City Vero Beach, FL Zip Code 32962		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, MARK D 915 OLD DIXIE HWY SW VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peirce, Mark D. 915 Old Dixie Hwy., SW Vero Beach, Fla. 32962	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, DALE E 915 OLD DIXIE HWY SW VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peirce, Dale E. 915 Old Dixie Hwy., SW Vero Beach, Fla. 32962	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Mark D. Peirce</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Feb. 10, 05 Date		#772-567-1402 Daytime Phone #