
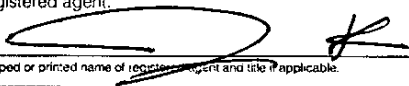
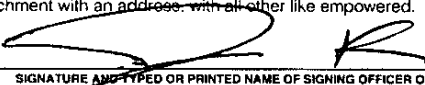


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90177 041 ***150.00

DOCUMENT # P03000065369 1. Entity Name KIRBY APPRAISAL GROUP, INC.					
Principal Place of Business 4866 GRANDY BLVD. TAMPA, FL 33611			Mailing Address 4866 GRANDY BLVD. TAMPA, FL 33611		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 16-1671895	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KIRBY, JED F 3208 ROGERS AVENUE TAMPA, FL 33611				7. Name and Address of New Registered Agent Name Jed F. Kirby Street Address (P.O. Box Number is Not Acceptable) 4866 Gandy Blvd. City Tampa, FL Zip Code 33611	
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 				DATE 4-26-05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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 D NAME KIRBY, JED F STREET ADDRESS 3208 ROGERS AVENUE CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE D NAME Kirby, Jed F STREET ADDRESS 4866 Gandy Blvd. CITY-ST-ZIP Tampa, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME KIRBY, BLANE STREET ADDRESS 3208 ROGERS AVENUE CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE VP NAME Kirby, Blane STREET ADDRESS 4866 Gandy Blvd. CITY-ST-ZIP Tampa, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME KIRBY, SHIRLEY STREET ADDRESS 3208 ROBERTS AVENUE CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE ST NAME Kirby, Shirley STREET ADDRESS 4866 Gandy Blvd. CITY-ST-ZIP Tampa, FL 33611	<input checked="" 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	
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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.					
SIGNATURE: 				Date 4-26-05 Daytime Phone # 813-453-7608	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

50044560



04272005 Chg-P CR2E034 (10/03)

4. FEI Number
16-1671895

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

7. Name and Address of New Registered Agent

Name **Jed F. Kirby**
Street Address (P.O. Box Number is Not Acceptable)
4866 Gandy Blvd.
City **Tampa, FL** Zip Code **33611**

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  DATE **4-26-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D NAME KIRBY, JED F STREET ADDRESS 3208 ROGERS AVENUE CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete
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TITLE ST NAME KIRBY, SHIRLEY STREET ADDRESS 3208 ROBERTS AVENUE CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete
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TITLE D NAME Kirby, Jed F STREET ADDRESS 4866 Gandy Blvd. CITY-ST-ZIP Tampa, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME Kirby, Blane STREET ADDRESS 4866 Gandy Blvd. CITY-ST-ZIP Tampa, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME Kirby, Shirley STREET ADDRESS 4866 Gandy Blvd. CITY-ST-ZIP Tampa, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  Date **4-26-05** Daytime Phone # **813-453-7608**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #