2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

| DOCUMENT # P03 1. Entity Name SIRP CORP | 000100656 | | Secretary of State |
|--|---|----|---|
| Principal Place of Business 531 ALCAZAR CT VILLAGES, FL 32159 US | Mailing Address 531 ALCAZAR CT VILLAGES, FL 32159 US | | |
| | | | |
| | RITE IN THIS SPA | CE | 02012005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable |
| | s of Current Registered Agent | | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| COHN, MYRNA 531 ALCAZAR CT — VILLAGES, FL 32159 — | | | DO NOT WRITE IN THIS SPACE |
| 8. The above named entity sübmits 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 life if applicable (NOTE Registered Agent signature required when reinstaling) DATE 100000251807 | | | |
| FILE NOW!!! FEE IS \$ After May 1, 2005 Fee will | 150.00 9. Election Campaign Fina be \$550.00 Trust Fund Contribution | | 03/04/05-80065-023 158.75 |
| ······································ | FICERS AND DIRECTORS | | |
| IIILE P NAME COHN, MYRNA SIREET ADDRESS 531 ALCAZAR CT CITY-ST-ZIP VILLAGES, FL 3215 | 9 - | | |
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| 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 cath, 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: MUMA Coso MYRNA (0 HN 3/1/2005 7606 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date | | | |