

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90292 001 \*\*\*300.00

**66009492**



<b>DOCUMENT # P04000128564</b>					
<b>1. Entity Name</b> KIRKHAM SCOOTERS INC					
<b>Principal Place of Business</b> 11045 GULF BLVD TREASURE ISLAND, FL 33706 US			<b>Mailing Address</b> 11045 GULF BLVD TREASURE ISLAND, FL 33706 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 20045 Gulf Blvd		<b>3. Mailing Address</b> 20045 Gulf Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Indian Shores, FL		<b>City &amp; State</b> Indian Shores, FL		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 33785		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KIRKHAM, WAYNE 11045 GULF BLVD TREASURE ISLAND, FL 33706			<b>7. Name and Address of New Registered Agent</b> Name: <u>Kirkham, Wayne</u> Street Address (P.O. Box Number is Not Acceptable): <u>20045 Gulf Blvd</u> City: <u>Indian Shores</u> <b>FL</b> Zip Code: <u>33785</u>		
<b>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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRKHAM, WAYNE 11045 GULF BLVD TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20045 GULF BLVD Indian Shores, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRKHAM, JULIA T 11045 GULF BLVD TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20045 GULF BLVD Indian Shores, FL 33785	<input checked="" 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
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/30/08</u> Daytime Phone #: <u>727-595-0000</u>		