

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000028228

1. Entity Name

KIRK AND ROBINSON, INC.



Principal Place of Business

1515 E. LIVINGSTON AVE., SUITE B
ORLANDO, FL 32803-5435

Mailing Address

PO BOX 568583
ORLANDO, FL 32803-8583



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3236471

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERKSON, GARY M
MORAN & SHAMS, P.A.
111 N. ORANGE AVE., SUITE 1200
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

000000084861
03/11/04-80024-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
ROBINSON, JAMES C JR
1515 E. LIVINGSTON, SUITE B
ORLANDO, FL 32803

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James C Robinson Jr Pres.

3 8 04

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228 0866