

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093141

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: KIRK TRUCKING & ESCORT, INC.

**Current Principal Place of Business:**

119 RIVER SHORE DR  
SAN MATEO, FL 32187

**New Principal Place of Business:**

**Current Mailing Address:**

119 RIVER SHORE DR  
SAN MATEO, FL 32187

**New Mailing Address:**

FEI Number: 59-3283109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KIRK, RUBEN  
119 RIVER SHORE DR  
SAN MATEO, FL 32187 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KIRK, RUBEN  
Address: 119 RIVER SHORE DR  
City-St-Zip: SAN MATEO, FL 32187

Title: MV ( ) Delete  
Name: KIRK, MYRTLE  
Address: 119 RIVER SHORE DR  
City-St-Zip: SAN MATEO, FL 32187

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRTL

MV

01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date