2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2004 08:00 AM Secretary of State DOCUMENT # P95000679307 1. Entity Name J. RICHARD KIRN & ASSOCIATES INC. Principal Place of Business Mailing Address 7061 S. TAMIAMI TRAIL 7061 S. TAMIAMI TRAIL SARASOTA, FL 34231 SARASOTA, FL 34231 02202004 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0611471 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIRN, J. RICHARD DO NOT WRITE 7061 S. TAMIAMI TRAIL SARASOTA, FL 34231 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 hite if applicable (NOTE Registered Agent signature required when reinstating) UUUUHII HI403 \$5.00 May 8e 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 03/17/04-80015-021 150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KIRN, J. RICHARD 7061 S, TAMIAMI TRAIL STREET ADDRESS CHY-ST-ZIP SARASOTA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TIBLE MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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