

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90033 041 ***150.00

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1. Entity Name

KIRK SYSTEMS, INC.



Principal Place of Business

265 NORTHWEST 65TH AVENUE
MARGATE FL 33063

Mailing Address

265 NORTHWEST 65TH AVENUE
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

4799 Coconut CK PKWY
#162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

COCONUT CREEK, FL

Zip

Country

Zip

Country

33063

USA

4. FEI Number

65-0764166

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRK, THEODORE
265 65TH AVE
MARGATE FL 33063

Name

KIRK, THEODORE

Street Address (P.O. Box Number is Not Acceptable)

4799 COCONUT CREEK PKWY #162

City

COCONUT CREEK

FL

Zip Code

33063

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00 -

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
KIRK, THEODORE R
265 NORTHWEST 65TH AVENUE
MARGATE FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
KIRK, JOSEPHINE
265 NORTHWEST 65TH AVENUE
MARGATE FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

9548688958