## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000107861**

1. Entity Name KIRWIN NORRIS, P.A.



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 APR 20 AMII: 45

Principal Place of Business 338 W MORSE BLVD SUITE 150 WINTER PARK, FL 32789

SIGNATURE: \_

Mailing Address
338 W MORSE BLVD
SUITE 150
WINTER PARK, FL 32789



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02122007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

Not Applicable

Daytime Phone #

5.	Certificate of Status Desired	Ü	\$8.75 Addition Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

59-3484688

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									
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	ncing	\$5.00 May Be Added to Fees 07	60008 /26/0701	92789 002024	936 **300.00			
10.	OFFICERS AND DIREC	TORS				:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRWIN, BRIAN P 338 W MORSE BLVD, STE 150 WINTER PARK, FL 32789								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, BRUCE A 338 W MORSE BLVD STE 150 WINTER PARK, FL 32789								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u> 	 <b>D</b> O	NOT-W	RITE	·		
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TITLE		•	1						
NAME	}								
STREET ADDRESS						•			
CITY-ST-ZIP				*	•				
12. I hereby certify that the information supplied with this filling 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.									