


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000036684 1. Entity Name KIRBY CASUAL PRODUCTS, INC.	
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Principal Place of Business 1512 18TH AVE EAST PALMETTO, FL 34221	Mailing Address 1512 18TH AVE EAST PALMETTO, FL 34221
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DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0921379	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KIRBY, HERSHEL K 1512 18TH AVE EAST PALMETTO, FL 34221
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000227329 02/12/05-80052-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRBY, KANDI L 1512 18TH DRIVE EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRBY, HERSHEL K 1512 18TH DRIVE EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, KAREN SUE 1512 18TH DRIVE EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-10-05 <small>Date</small>	941 729 3659 <small>Daytime Phone #</small>
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