

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000077246

1. Entity Name  
DIRK SERVICES, INC.



Principal Place of Business  
4103 N. STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

Mailing Address  
4103 N. STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

**FILED  
Apr 21, 2004 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

|                                  |   |
|----------------------------------|---|
| 4. FEI Number<br>65-0958999      | Applied For<br>Not Applicable                           |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

**6. Name and Address of Current Registered Agent**

DWYER, SANDRA  
935 N.W. 132 AVE.  
SUNRISE, FL 33325

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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 file if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

000000122699  
04/21/04-80037-018 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME DWYER, WINSTON  
STREET ADDRESS 935 NW 132 AVE  
CITY-ST-ZIP SUNRISE, FL 33325

TITLE D  
NAME DWYER, SHIRLEY  
STREET ADDRESS 935 NW 132 AVE  
CITY-ST-ZIP SUNRISE, FL 33325

TITLE M  
NAME DWYER, DERYCK  
STREET ADDRESS 935 NW 132 AVE  
CITY-ST-ZIP SUNRISE, FL 33325

TITLE D  
NAME DWYER, KARLA  
STREET ADDRESS 935 NW 132 AVE  
CITY-ST-ZIP SUNRISE, FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 title empowered.

**SIGNATURE:**

WINSTON DWYER

4/19/04 (954) 858-1953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #