

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0958999** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

**1100000122699
04/21/04-80037-018 150.00**

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

**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:

WINSTON DWYER

4/19/04

(954) 858-1953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #