

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 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
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0958999	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$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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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 _____ (NOTE: Registered Agent signature required when certifying) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

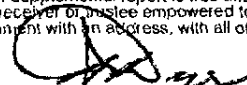
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution... ☐ \$5.00 May Be Added to Fees	000000535045 05/08/06-80033-001 150.00
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10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **WINSTON DWYER** **4/24/06** **(954) 858-1953**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #