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

01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000535045
05/08/06-80033-001 150.00

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	

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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 #