


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000077246</b> 1. Entity Name DIRK SERVICES, INC.	
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Principal Place of Business 935 NW 132 AVE SUNRISE, FL 33325	Mailing Address 935 NW 132 AVE SUNRISE, FL 33325
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**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-P CR2E034 (11/05)

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

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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	

**DO NOT WRITE IN THIS SPACE**

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05/13/08-80095-008-150.00

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:** Shirley Dwyer **SHIRLEY DWYER** 4/22/08 (954) 858-1953  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #