


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # V02103 1. Entity Name KIRBY AGRI, INC.		
Principal Place of Business 500 RUNNING PUMP ROAD LANCASTER, PA 17601 US	Mailing Address P.O. BOX 6277 LANCASTER, PA 17607 US	



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3097819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY
SUITE 300
TAMPA, FL 33637

**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 reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KIRBY, CARROLL 500 RUNNING PUMP ROAD LANCASTER, PA 17607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KIRBY, CARROLL R III 500 RUNNING PUMP LANCASTER, PA 17607
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07/11/06-80021-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/2006 717-296-2541

Date

Daytime Phone #