


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90078 036 \*\*\*150.00

**DOCUMENT # V02103**


1. Entity Name  
**KIRBY AGRI, INC.**



Principal Place of Business <b>500 RUNNING PUMP ROAD          LANCASTER, PA 17601 US</b>	Mailing Address <b>P.O. BOX 6277          LANCASTER, PA 17607 US</b>
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**DO NOT WRITE IN THIS SPACE**

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01292007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3097819</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, if applicable) (NOTE: Registered Agent signature required when registering) DATE

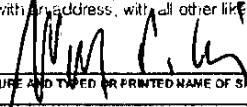
<b>FILE NOW!!! FEE IS \$150.00        After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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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**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:**  **01/29/07** **717-299-2041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #