


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.	
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40000000



01292007 No Chg-P CR2E034 (11/05)

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

4. FEI Number 59-3097819	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____
Signature, typed or printed name of registered agent, inc. (if applicable) (NOTE: Registered AG, and signature required when rechartering.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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