


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # V02103**

1. Entity Name  
KIRBY AGRI, INC.



**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
500 RUNNING PUMP ROAD  
LANCASTER, PA 17601 US

Mailing Address  
P.O. BOX 6277  
LANCASTER, PA 17607 US



07072008 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  \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renesting)

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

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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**DO NOT WRITE IN THIS SPACE**

150000954386  
07/11/08-80013-001-150.00

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 employment.

**SIGNATURE:** \_\_\_\_\_ **03/13/08 757-299-2541**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #