

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02103

Entity Name: KIRBY AGRI, INC.

FILED
Jul 07, 2009
Secretary of State

Current Principal Place of Business:

500 RUNNING PUMP ROAD
LANCASTER, PA 17601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6277
LANCASTER, PA 17607 US

New Mailing Address:

FEI Number: 59-3097819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIRBY, CARROLL
Address: 500 RUNNING PUMP ROAD
City-St-Zip: LANCASTER, PA 17607

Title: VD () Delete
Name: KIRBY, CARROLL R III
Address: 500 RUNNING PUMP
City-St-Zip: LANCASTER, PA 17607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALT HONSINGER

CONT

07/07/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date