2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000004035

1. Entity Name

MORGAN KIRK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1262 57TH AVON ST PETERSBURG FL 33703	P.O. BOX 23192 ST PETE FL 33742

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #: 1262 57th Ave No
Suite, Apt. #, etc.:

3. Mailing Address: PO Box 23192
Suite, Apt. #, etc.:

City & State: St. Pete, FL — Zip: 33703 — Country: Pinelass

City & State: St. Pete, FL — Zip: 33742 — Country: Pinelass

4. FEI Number: 42-1613436 ☐ Applied For ☐ Not Applicable

5. ~~Certificate of Status Desired~~ ☐ ~~$8.75~~ Additional Fee Required

6. Name and Address of Current Registered Agent

KIRK, MORGAN
1262 57TH AVE N
ST PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name: KIRK MORGAN
Street Address (P.O. Box Number is Not Acceptable): 1262 57th Avo N
City: St. Pete, FL Zip Code: 33703

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: Morgan Kirk PRES. DATE: 2-11-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRK, MORGAN 1262 57TH AVE N ST PETERSBURG FL 33703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000827963 02/22/08-80011-016 150.00 none ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, RONALD E 6701 S WESTSHORE BLVD APT 4 TAMPA FL 33616 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	none ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	None ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	none ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	None ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	none ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Morgan Kirk MORGAN KIRK PRES. 2-11-08 727-527-0883

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