

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000112321
 1. Entity Name
 WKIRK ENTERPRISES MORE SPACE PLACE, INC.



Principal Place of Business Mailing Address
 6763 W NEWBERRY RD 6763 W NEWBERRY RD
 GAINESVILLE, FL 32605 US GAINESVILLE, FL 32605 US

DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 20-1476937 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KIRK, WILLIAM E
 3939 NW 62ND LANE
 GAINESVILLE, FL 32653

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	KIRK, WILLIAM E
STREET ADDRESS	3939 NW 62ND LANE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	SEC
NAME	KIRK, WILLIAM E
STREET ADDRESS	3939 NW 62ND LANE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	DIR
NAME	KIRK, WILLIAM E
STREET ADDRESS	3939 NW 62ND LANE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	DIR
NAME	KIRK, CAROL S
STREET ADDRESS	3939 NW 62ND LANE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Carol Kirk 4/24/06 352-371-7579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Carol Kirk