2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2007 8:00 am **Secretary of State** DOCUMENT # P04000112321 1. Entity Name 05-02-2007 90076 049 ***150.00 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-1476937 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - -Name KIRK, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 3939 NW 62ND LANE GAINESVILLE, FL 32653 Zip Code 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 and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PRES** TITLE Delete TITLE ☐ Addition KIRK, WILLIAM E NAME NAME 3935 NW 62HD LANE 13949 NW 30™ STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32653 32606 CITY-ST-ZIP CITY-ST-ZIP SEC TITLE TITLE Delete ☐ Change ■ Addition KIRK, WILLIAM E NAME NAME 13949 NW 301 2030 NW 62ND FANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF GAINESVILLE, FL 32655 CITY-ST-ZIP 32606 DIR ☐ Delete ☐ Change ■ Addition TITLE TITLE 13949 nw 30th KIRK, WILLIAM E NAME NAME STREET ADDRESS STREET ADDRESS 3939 NW 62ND LANE CITY-ST-ZIP GAINESVILLE, FL 32653 CITY-ST-ZIP 32606 ☐ Delete TIΣTE **DIR** TITLE ☐ Change ■ Addition NAME KIRK, CAROL S NAME STREET ADDRESS 3089 NW G2ND LAME STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 22651 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP

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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED