

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90455 034 ***150.00

DOCUMENT # P94000093000

1. Entity Name
2909 W.A.K. CORPORATION



Principal Place of Business

712 S. OREGON AVE
200
TAMPA, FL 33606 US

Mailing Address

712 S. OREGON AVE
200
TAMPA, FL 33606 US



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3349534

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRUSEN, WILLIAM A JR
712 S. OREGON AVE
200
TAMPA, FL 33606

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DC
NAME KRUSEN, WILLIAM A
STREET ADDRESS 712 S. OREGON AVE., SUITE 200
CITY-ST-ZIP TAMPA, FL 33606

TITLE DP
NAME KRUSEN, WILLIAM A JR
STREET ADDRESS 712 S. OREGON AVE., SUITE 200
CITY-ST-ZIP TAMPA, FL 33606

TITLE D
NAME KRUSEN, CHARLES B
STREET ADDRESS 465 PARK AVE APT 13A
CITY-ST-ZIP NEW YORK, NY 10022

TITLE TS
NAME JONES, DOUG
STREET ADDRESS 712 S. OREGON AVE., SUITE 200
CITY-ST-ZIP TAMPA, FL 33606

TITLE DVP
NAME MEYJES, PAMELA
STREET ADDRESS 350 E. 57TH ST APT 15B
CITY-ST-ZIP NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04

813-837-3009