



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90172 037 \*\*\*150.00

<b>DOCUMENT # P94000093000</b> 1. Entity Name <b>2909 W.A.K. CORPORATION</b>																																																					
Principal Place of Business <b>712 S. OREGON AVE</b> <b>200</b> <b>TAMPA, FL 33606 US</b>			Mailing Address <b>712 S. OREGON AVE</b> <b>200</b> <b>TAMPA, FL 33606 US</b>																																																		
2. Principal Place of Business <b>1414 W SWANN AVE</b> Suite, Apt. #, etc. <b>SUITE 100</b> City & State <b>TAMPA, FL</b> Zip <b>33606</b>		3. Mailing Address <b>1414 W SWANN AVE</b> Suite, Apt. #, etc. <b>SUITE 100</b> City & State <b>TAMPA, FL</b> Zip <b>33606</b>																																																			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-3349534</b>																																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																																	
6. Name and Address of Current Registered Agent  <b>KRUSEN, WILLIAM A JR</b> <b>712 S. OREGON AVE</b> <b>200</b> <b>TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent Name <b>KRUSEN, WILLIAM A JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1414 W SWANN AVE</b> <b>SUITE 100</b> City <b>TAMPA</b>																																																		
State <b>FL</b>			Zip Code <b>33606</b>																																																		
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 <u><i>William A. Krusen, Jr.</i></u> <b>WILLIAM A. KRUSEN, JR.</b> <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>DC KRUSEN, WILLIAM A 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606</td> <td></td> <td></td> <td>DC KRUSEN, WILLIAM A. 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606</td> <td></td> </tr> <tr> <td></td> <td>DP KRUSEN, WILLIAM A JR 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606</td> <td></td> <td></td> <td>DP KRUSEN, WILLIAM A, JR. 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606</td> <td></td> </tr> <tr> <td></td> <td>D KRUSEN, CHARLES B 465 PARK AVE APT 13A NEW YORK, NY 10022</td> <td></td> <td></td> <td>D KRUSEN, CHARLES B 781 5TH AVENUE APT 614 TAMPA, FL 33606</td> <td></td> </tr> <tr> <td></td> <td>TS JONES, DOUG 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606</td> <td></td> <td></td> <td>TS JONES, DOUG 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606</td> <td></td> </tr> <tr> <td></td> <td>DVP MEYJES, PAMELA 350 E. 57TH ST APT 15B NEW YORK, NY 10022</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		DC KRUSEN, WILLIAM A 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606			DC KRUSEN, WILLIAM A. 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606			DP KRUSEN, WILLIAM A JR 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606			DP KRUSEN, WILLIAM A, JR. 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606			D KRUSEN, CHARLES B 465 PARK AVE APT 13A NEW YORK, NY 10022			D KRUSEN, CHARLES B 781 5TH AVENUE APT 614 TAMPA, FL 33606			TS JONES, DOUG 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606			TS JONES, DOUG 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606			DVP MEYJES, PAMELA 350 E. 57TH ST APT 15B NEW YORK, NY 10022										
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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: <u><i>William A. Krusen, Jr.</i></u> <b>WILLIAM A KRUSEN JR</b> <u>4/24/06</u> <b>813-837-3009</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>DATE</small> <small>Daytime Phone #</small> <b>PRESIDENT</b>																																																					