


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2006 90172 037 ***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



2. Principal Place of Business
1414 W SWANN AVE

3. Mailing Address
1414 W SWANN AVE

Suite, Apt. #, etc.
SUITE 100

Suite, Apt. #, etc.
SUITE 100

04102006 Chg-P CR2E034 (11/05)

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
59-3349534

Applied For
 Not Applicable

Zip
33606

Country
USA

Zip
33606

Country
USA

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

7. Name and Address of New Registered Agent

Name
KRUSEN, WILLIAM A JR.

Street Address (P.O. Box Number is Not Acceptable)
1414 W SWANN AVE

SUITE 100

City
TAMPA

FL Zip Code
33606

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 *William A. Krusen, Jr.* **WILLIAM A. KRUSEN, JR.** 4/24/06
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DC KRUSEN, WILLIAM A 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRUSEN, WILLIAM A JR 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, CHARLES B 465 PARK AVE APT 13A NEW YORK, NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JONES, DOUG 712 S. OREGON AVE., SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MEYJES, PAMELA 350 E. 57TH ST APT 15B NEW YORK, NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KRUSEN, WILLIAM A. 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KRUSEN, WILLIAM A., JR. 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KRUSEN, CHARLES B 781 5th AVENUE APT 614 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JONES, DOUG 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William A. Krusen, Jr.* **WILLIAM A KRUSEN JR** 4/24/06 813-837-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT