

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 481541**

1. Entity Name  
**W. A. K., INC., OF FLAGLER BEACH**



Principal Place of Business  
**240 OCEAN PALM DRIVE  
FLAGLER BEACH, FL 32136 US**

Mailing Address  
**240 OCEAN PALM DRIVE  
FLAGLER BEACH, FL 32136 US**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1625397**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KARBOWSKY III, WALTER  
240 OCEAN PALM DRIVE  
FLAGLER BEACH, FL 32136**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000587322  
01/17/07-80027-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	KARBOWSKY, WALTER III
STREET ADDRESS	PO BOX 1388
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	T
NAME	KARBOWSKI, JADWIGA
STREET ADDRESS	240 OCEAN PALM DRIVE
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	PSDT
NAME	KARBOWSKY, JADWIGA
STREET ADDRESS	240 OCEAN PALM DR.
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:** Walter Karbowski III **WALTER KARBOWSKY III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.10.07 386.439.2090

Date

Daytime Phone #