


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # H19630 1. Entity Name WKLG, INC. |  |
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| Principal Place of Business 99334 OVERSHIGHWAY KEY LARGO, FL 33037 US | Mailing Address 513 SOUTHARD ST. KEY WEST, FL 33040 |
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01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2752345 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent FREEMAN, DAVID W., SR. 513 SOUTHARD ST. KEY WEST, FL 33040 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP FREEMAN, DAVID W., SR. 513 SOUTHARD ST. KEY WEST, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS FREEMAN, ELIZABETH CORBI 513 SOUTHARD STREET KEY WEST, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT FREEMAN, ELIZABETH M. 513 SOUTHARD STREET KEY WEST, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DOUGLAS D LA RUE 513 SOUTHARD STREET KEY WEST, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/09/08-80033-021 158.75

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-5-2008 Daytime Phone #: 305 294 2542