

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # K98475

1. Entity Name
WKJ, INC.



Principal Place of Business
1237 E. TWIGGS STREET
TAMPA, FL 33602 US

Mailing Address
PO BOX 439
TAMPA, FL 33601-0439 US

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

| | |
|---|-----------------------------------|
| 4. FEI Number 59-2996923 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WILLIAMS, PATRICIA F MRS
1237 E. TWIGGS STREET
TAMPA, FL 33602

**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: _____ (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 NAME STREET ADDRESS CITY - ST - ZIP | DP WILLIAMS, PATRICIA F. 1237 EAST TWIGGS ST. TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP KETCHY, BRENDA W. 1237 EAST TWIGGS ST. TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST MADDEN, CATHY W 1237 EAST TWIGGS ST. TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AT SANDERS, DARLENE 1237 EAST TWIGGS STREET TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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03/03/04-80042-015 150.00

**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: Patricia Williams 2-16-04 813-228-7776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #