


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # K98475 1. Entity Name WKJ, INC.	
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Principal Place of Business 1237 E. TWIGGS STREET TAMPA, FL 33602 US	Mailing Address PO BOX 439 TAMPA, FL 33601-0439 US
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01212005 No Chg-P CR2E034 (10/03)

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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000256489 03/09/05-800008-004 150.00
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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 KETCHEY, 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	

**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)(f), 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 F. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-05 *813-228-7716*
Date Daytime Phone #