

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 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



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2996923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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 DP
NAME WILLIAMS, PATRICIA F.
STREET ADDRESS 1237 EAST TWIGGS ST.
CITY- ST- ZIP TAMPA, FL

TITLE DVP
NAME KETCHEY, BRENDA W.
STREET ADDRESS 1237 EAST TWIGGS ST.
CITY- ST- ZIP TAMPA, FL

TITLE DST
NAME MADDEN, CATHY W
STREET ADDRESS 1237 EAST TWIGGS ST.
CITY- ST- ZIP TAMPA, FL

TITLE AT
NAME SANDERS, DARLENE
STREET ADDRESS 1237 EAST TWIGGS STREET
CITY- ST- ZIP TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000441454
03/03/06-80037-005 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 104