

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 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**



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2996923</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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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 03/26/07-80025-001 150.00

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: Patricia F. Williams 3-13-07 813-228-9996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X-104  
 PRESIDENT