

**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



02232007 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, 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 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	

U00000667350
03/26/07-80025-001 150.00

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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:

Patricia F. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

3-13-07
Date

813-228-7776
Daytime Phone # *X-104*