


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
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	



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2996923	Applied For <input type="checkbox"/> 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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

**DO NOT WRITE
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: Darlene Sanders **DARLENE SANDERS** 01/15/08 813-228-7776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X.104