


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90071 034 ***150.00

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| DOCUMENT # M70055 |  |
| 1. Entity Name WJ II OF TAMPA, INC. | |

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| Principal Place of Business 3801 N. 41ST ST. TAMPA FL 33610 | Mailing Address 3801 N. 41ST ST. TAMPA FL 33610 |
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| 2. Principal Place of Business 3211 E 5th Ave | 3. Mailing Address 3211 E 5th Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|------------------------------------|----------------------------------|
| City & State Tampa, Fla. | City & State TAMPA FLA |
| Zip 33605 | Country USA |
| Zip 33605 | Country USA |



1st MOORE

CR2E034 (10/04)

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| 6. Name and Address of Current Registered Agent ALLEN, C. STEPHEN 4830 W KENNEDY BLVD, STE 335 TAMPA FL 33609 | |
| 7. Name and Address of New Registered Agent Name Allen, C. Stephen Street Address (P.O. Box Number is Not Acceptable) 3606 SWANN Ave City TAMPA FL Zip Code 33609 | |

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| 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 | DATE |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WARREN, JOHN W. 3801 N 41ST ST. TAMPA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WARREN, John W 3211 E. 5th Ave TAMPA, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. | |
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| SIGNATURE:  | 4/27/05 | 813-241-4098 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |