

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90006 035 \*\*\*163.75

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MOORE CR2E034 (4/04)

<b>DOCUMENT # P03000035512</b>					
1. Entity Name <b>W.K.F. MANAGEMENT, INC.</b>					
Principal Place of Business <b>5305 MONROE STREET HOLLYWOOD FL 33021</b>			Mailing Address <b>5305 MONROE STREET HOLLYWOOD FL 33021</b>		
2. Principal Place of Business <b>5305 MONROE ST</b>			3. Mailing Address <b>5305 MONROE ST</b>		
Suite, Apt. #, etc. <b>HOLLYWOOD FL</b>			Suite, Apt. #, etc.		
City & State			City & State <b>HOLLYWOOD FL</b>		
Zip <b>33021</b>	Country <b>FLORIDA</b>	Zip <b>33021</b>	Country <b>FLORIDA</b>	4. FEI Number <b>57-1159767</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FARRELL, WILLIAM K 5305 MONROE STREET HOLLYWOOD FL 33021</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <b>WILLIAM K. FARRELL</b> <i>William K Farrell</i> <b>8-16-04</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PRES.</b>	<b>WILLIAM K FARRELL</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>5305 MONROE ST</b>		NAME		
STREET ADDRESS	<b>HOLLYWOOD FL 33021</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <b>WILLIAM K FARRELL PRES.</b> <i>William K Farrell</i> <b>8-16-04</b> <b>954-967-8925</b>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		