

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90001 047 \*\*\*163.75  
09-12-2005 90004 015 \*\*\*386.25

00000406



1st MOORE CR2E034 (10/04)

<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.		Suite, Apt. #, etc.			
City & State <b>HOLLYWOOD FL</b>		City & State <b>HOLLYWOOD FL</b>		4. FEI Number <b>57-1159767</b>	
Zip <b>33021</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33021</b>		Country <b>BROWARD</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> <small>Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FARRELL, WILLIAM K</b> <input type="checkbox"/> Delete <b>5305 MONROE ST</b> <b>HOLLYWOOD FL 33021</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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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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	
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	
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: <i>William K Farrell</i> <b>WILLIAM K. FARRELL</b> <i>JULY 28, 2005 954-967-8995</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT

50066486

FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**

Secretary of State

August 12, 2005

W.K.F. MANAGEMENT, INC.  
5305 MONROE STREET  
HOLLYWOOD, FL 33021

Subject: W.K.F. MANAGEMENT, INC.

Reference Number:

**P03000035512**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$163.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75. *VAIC*

There is a balance due of \$386.25.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-  
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION