## FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR)

## FILED Apr 18, 2005 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)					Scretary of State	
DOCUMENT # PO40000843					04-18-2005 90566 0	3/ ***150.00
WJS ENTERPRISES INC of Jacksonville						
DO N	OT WRITE	IN THIS S			200000	The second second
2. Principal Place of E P O BOX 10035	Business	3. Mailing Address	erifica	NAME OF STREET	2003636	i4
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN T	HIS SPACE
City & State		City & State		4. FEI Number 65-1212006	Applied For Not Applicable	
Zip	Country Duval	Zip Country		untry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	r. 7			7. Nan	ne and Address of Current Rec	
				Name		
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>2 th	:			City	FI	⊋ Zip Code
8. The above named State of Florida. I a	entity submits this st m familiar with, and	atement for the purpo accept the obligation	ose of ch	Langing its regi stered agent	stered office or registered agent,	or both, in the
SIGNATURE Wa	. d. Alla	· · · · · · · · · · · · · · · · · · ·	•	CKS PRESID	FNT	4/14/2005
Signatur	e, typed or printed name or	registered agent and title it			tered Agent signature required when reinst	
January 1 -	May 1 Fee is \$150.	00				-
After May 1, Fee is \$550.00 Amended UBR is \$61.25				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
Make Check Payable	to Florida Departm	ent of State	1 44			<u> </u>
TITLE	UFFICERS AI	ND DIRECTORS	11.	CE Contract	4 4 4 4	The state of the s
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12. I hereby certify that the	e information supplied	with this filing does not	qualify for	the exemption s	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						

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Wouda (Stools

WANDA C STOCKS

4/14/2005

(904) 412-1956

R Date

Daytime Phone #