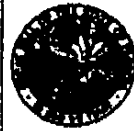


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****May 03, 2007 08:00 AM
Secretary of State****DOCUMENT # P04000144550**1. Entity Name
W K M PROPERTIES, INC.Principal Place of Business
**18680 BLUE STAR HIGHWAY
QUINCY, FL 32351**Mailing Address
**18680 BLUE STAR HIGHWAY
QUINCY, FL 32351**

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1788398Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**BONDURANT, FRANK E
4450 LAFAYETTE STREET
MARIANNA, FL 32446****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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$850.00**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	PSTD MCDANIEL, KEVIN 7280 HIGHWAY 90 GRAND RIDGE, FL 32442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000759075
05/24/07-80028-002 150.00**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date

850-526-3870

Daytime Phone #