

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000145357

1. Entity Name
W.B.J.T.T., INC.



Principal Place of Business
9720 TIMMONS LP
THONOTOSASSA, FL 33592

Mailing Address
9720 TIMMONS LP
THONOTOSASSA, FL 33592



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0607616

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, BERNADETTE
9720 TIMMONS LP
THONOTOSASSA, FL 33592

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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 Walt Thomas Keels Jr 4-16-8
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000906477
05/02/08-80024-001 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME KEELS JR, WALTER T
STREET ADDRESS P.O. BOX 81
CITY-ST-ZIP THONOTOSASSA, FL 33592

TITLE V
NAME MORGAN, BERNADETTE
STREET ADDRESS 9720 TIMMONS LP
CITY-ST-ZIP THONOTOSASSA, FL 33592

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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: Walt Thomas Keels Jr 4-16-8 (813) 363-9331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #