

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057448

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** WMK PROPERTIES, INC.

**Current Principal Place of Business:**

230 ROYAL PALM WAY  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

5829 CORPORATE WAY  
WEST PALM BEACH, FL 33407 US

**Current Mailing Address:**

PO BOX 3243  
PALM BEACH, FL 33480 US

**New Mailing Address:**

**FEI Number:** 65-0512625      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEITEL, FREDERICK J III  
230 ROYAL PALM WAY STE. 401  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES ( ) Delete  
**Name:** KEITEL, FREDERICK J III  
**Address:** P O BOX 3243 230 ROYAL PALM WAY  
**City-St-Zip:** PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK J. KEITEL III

PRES

04/30/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date