## **FILED** Ian-20, 2004, 08:00 AM

Daysons Phone 6

ANNUAL REPORT				Secretary of State			
		OCUMENT # P95000010831			Secret	ary o	1 State
	t. Entity Name W.J. PROPERTIES & INVESTMENTS,	INC.		***************************************			
	Principal Place of Business	Mailing Address					
•	1101 NORTH A STREET	1101 NORTH A STREET	is -				
	LAKE WORTH, FL 33460 US	LAKE WORTH, FL. 33460 U			·	******************************	na amama 2008) namenda (h. edilika
-							
			01162004	No Chg-P	CR2E03	4 (10/03)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numbe 65-055			Applied For Not Applicable
					of Status Desired		8.75 Additional
	6. Name and Address of Current Re	gistered Agent	<u> </u>	<u></u>			es Required
	JUNKER, WALTER			D0	NOT W	DITE	<u></u> .
1101 NORTH A STREET LAKE WORTH, FL 33460			DO NOT WRITE				
			IN THIS SPACE				
	<ol><li>The above named entity submits this statement for the the obligations of registered agent.</li></ol>	ement for the purpose of changing its registered office or		red agent, or bot	h, in the State of Flo	rida. I am la	ımıkar with, and accept
1	SIGNATURE						
	Signature, typed or printed name of registered agent and	ag yûşut aldusynaş tedmet	d when reinstating)		OATE		
	FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		.00 May Be led to Fees			
	10. OFFICERS AND DI	RECTORS	_				
	MALE PD JUNKER, WALTER						
	SIRELI ADDRESS 1101 NORTH A STREET						
	CITY-\$1-ZP LAKE WORTH, FL		1				
-	TITLE VP				111111	1000720	14
	NAME STOLTENBERG, ASTRID STREET ADDRESS 1101 NORTH A STREET				01/20/04	1-80013	14 3-017 150.00
	City-S1-ZIP LAKE WORTH, FL 33460						
	TITLE		1				
-	NAME STREET ADDRESS						_
-	CITY-ST-ZP		1	DO	NOT W	RITE	<b>.</b>
	TITLE		1	IN T	THIS SF	ACE	•
	NAME Proces approced			41.4			•
	STREET ADDRESS CITY-ST-ZIP						
	TIRE		1				
-	10AME		1				
	STREET ADDRESS CHY-SI-ZIP						
I	TITLE		1				
	NAME						
-	STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 of Supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or true be 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 tip impowered.

SIGNATURE: