


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000029670 1. Entity Name WPAJ, INC.	
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Principal Place of Business 9426 BARRINGTON OAKS DRIVE DOVER, FL 33527	Mailing Address P O BOX 280 DOVER, FL 33527
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01172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3307526	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, WAYMON W JR.  
9426 BARRINGTON OAKS DRIVE  
DOVER, FL 33527

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	PD THOMAS, WAYMON W JR. 9426 BARRINGTON OAKS DRIVE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD THOMAS, PAULA O 9426 BARRINGTON OAKS DRIVE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, AMANDA K 9426 BARRINGTON OAKS DRIVE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWING, JENNIFER T 9426 BARRINGTON OAKS DRIVE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD0000010146  
 01/22/04-80018-023 150.00

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12. I hereby certify that the information supplied with this filing 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 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:  DATE: 1/20/04 DAYTIME PHONE #: 853-685-2981