


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 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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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3307526	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	

11/12/05 178572
01/12/05-80034-004 150.00

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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: Paula O Thomas 1/7/05 (813) 685-2983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAULA O THOMAS