2008 FOR PROFIT CORPORATION

Feb 15, 2008 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P96000040511 1. Entity Name W.S.J., INC. Principal Place of Business Mailing Address 4105 NO. LECANTO HIGHWAY 4105 NO. LECANTO HIGHWAY **BEVERLY HILLS, FL 34465 BEVERLY HILLS, FL 34465** 02012008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 59-3378980 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NELSON, JOHN A DO NOT WRITE 2218 HIGHWAY 44 WEST INVERNESS, FL 34453 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 acc the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BROWN, WAYNE NAME STREET ADDRESS POST OFFICE BOX 147 CITY-ST-ZIP CRYSTAL RIVER, FL 344290147 U000000828520 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 directly 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone #

FILED