2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2007 8:00 am Secretary of State DOCUMENT # P96000054915 1. Entity Namo 03-29-2007 90031 002 ***150 00 WDK TENNESSEE PROPERTIES, INC. Principal Place of Business 4354 Direstore Mailing Address 4354 Dirkshire 1523 CROOKED STICK LOOP 1523 CROOKED STICK LOOP LAKELAND FL 33801-0599 LAKELAND FL 33801-0599 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 354 Dirkshire Loop 4354 1st MOORE CR2E034 (10/06) Laxeland akeland, F Applied For 4, FEI Number 59-3385115 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33801-<u>030</u>Z 33801-302 U 5 A U 5 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNAPP, GERALD M Street Address (P.O. Box Number is Not Acceptable) 1523 CROOKED STICK LOOP LAKELAND FL 33801 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delele THILE THE Change ☐ Addition KNAPP, GERALD M. NAME 1523 CROOKED STICK LOOP 4354 DIRKShire STREET ADDRESS STREET ADDRESS LAKELAND FL 33801 - 0 30え CITY-ST-ZIP CITY ST-ZIP □ Addition Delete □ Change KNAPP, MARVIN J NAME NAME 2003 SHORELAND DR STREET ADDRESS STREET ADDRESS AUBURNDALE FL 33823 CHY-ST-7IP CITY-ST-7IP HID Delete 1016 ☐ Change Addition NAME DENTEL, JEFFREY A NAME STREET ADDRESS 1970 ARIANA BLVD STRLET ADDRESS AUBURNDALE FL 33823 CITY - S1-ZIP CITY-ST 7IP ☐ Delete ШВ □ Change ■ Addition WILCOX, KAREN S NAME NAME 32154 TEASEL COURT STREET ADDRESS STREET ADDRESS AVON LANE OH 44012 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 1011 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition THE ☐ Delete NAMI STREET ADDRESS STREET ADORESS CITY ST-ZIP CITY - ST - 71P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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: Level on the proper of printing make of signing officer or director

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