

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2004 8:00 am
Secretary of State

07-26-2004 90006 015 ***150.00

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1. Entity Name
WSK DEVELOPMENT CORPORATION



Principal Place of Business
**264 NW 46 ST
BOCA RATON, FL 33431**

Mailing Address
**264 NW 46 ST
BOCA RATON, FL 33431**

66431461



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3510256

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KUTCHINS, SCOTT S
264 NW 46 ST
BOCA RATON, FL 33431**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CDP
KUTCHINS, WALTER S
264 NW 46 ST
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KUTCHINS, SCOTT S
264 NW 46 ST
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
FREIMUTH, KRISTEN K
264 NW 46 ST
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-04

Date

561-393-6235

Daytime Phone #