

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # V02183**

1. Entity Name  
W.S.K., INC.



**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90233 038 \*\*\*150.00

Principal Place of Business  
2800 PLACIDA ROAD  
SUITE 110  
ENGLEWOOD, FL 34224

Mailing Address  
2800 PLACIDA ROAD  
SUITE 110  
ENGLEWOOD, FL 34224 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0309439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARCO, CARROLL S., SR.  
6220 S. ORANGE BLOSSOM TRAIL  
SUITE 194  
ORLANDO, FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MALONE, WILLIAM J.  
2 GOLFVIEW RD.  
ROTONDA WEST, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9564 MIAMI CIRCLE  
PT. CHARLOTTE, FL 33981 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
MALONE, SANDRA O'LEARY  
2 GOLFVIEW RD.  
ROTONDA WEST, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9564 MIAMI CIRCLE  
PT. CHARLOTTE, FL 33981 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BLOOD, KIMBERLY J  
43288 FOWLER AVE  
PT CHARLOTTE, FL 33981 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
581 FOX GLOVE RD.  
VENICE, FL 34293 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Sandra A. Malone* SANDRA A. MALONE  
Sec/Treas

4/20/04

Date

941-698-1515

Daytime Phone #