

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # V02183

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



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

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



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

BARCO, CARROLL S., SR.
8220 S. ORANGE BLOSSOM TRAIL
SUITE 194
ORLANDO, FL

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MALONE, WILLIAM J.
9584 MIAMI CIR
PORT CHARLOTTE, FL 33981

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
MALONE, SANDRA O'LEARY
9584 MIAMI CIR
PORT CHARLOTTE, FL 33981

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
BLOOD, KIMBERLY J
581 FOX GLOVE RD
VENICE, FL 34283

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000701739
04/20/07-80070-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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

Date

Daytime Phone

Sandra Malone Secretary
SANDRA MALONE 4/10/07 941-698-1515