


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 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
--	---

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0309439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARCO, CARROLL S., SR.
6220 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/15/08-80031-022 150.00
---	---	---------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALONE, WILLIAM J. 9564 MIAMI CIR PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALONE, SANDRA O'LEARY 9564 MIAMI CIR PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLOOD, KIMBERLY J 581 FOX GLOVE RD VENICE, FL 34293
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 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: *Sandra A. Malone* **4-1-2008 941-698-1515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #