



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 551639</b> 1. Entity Name <b>WILK, INC.</b>	
---	---

Principal Place of Business <b>W. U.S. HIGHWAY 17-92 P.O. BOX 2037 HAINES CITY, FL 33844</b>	Mailing Address <b>W. U.S. HIGHWAY 17-92 P.O. BOX 2037 HAINES CITY, FL 33844</b>
---	---

**DO NOT WRITE IN THIS SPACE**

	
01142004	No Chg-P CR2E034 (10/03)
4. FEI Number <b>59-1779970</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**F. DELANE WILKINSON  
W. U.S. HIGHWAY 17-92  
HAINES CITY, FL 33844**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000078046 03/08/04-80012-002 150.00</b>
---	---	---

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WILKINSON, F DELANE 1909 PENINSULAR DR HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST WILKINSON, JOANNA 1909 PENINSULAR DR. HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP WILKINSON, STEVEN D. 2104 PENINSULAR DR. HAINES CITY, FL
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:**  **3-3-04 869-421-1252**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #