

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000150304

**Entity Name:** WIKE INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1710 DREW ST  
SUITE 5  
CLEARWATER, FL 33755

**Current Mailing Address:**

PO BOX 55  
CLEARWATER, FL 33757

**FEI Number:** 20-1173534

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WIKE, DENISE  
1710 DREW ST  
STE 5  
CLEARWATER, FL 33755 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            DENISE, WIKE  
Address        1710 DREW ST, STE 5  
City-State-Zip: CLEARWATER FL 33755

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DENISE WIKE

**PRESIDENT**

**04/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date