


2004 FOR PROFIT CORPORATION ANNUAL REPORT


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

DOCUMENT # 551639
 1. Entity Name
WILK, INC.



Principal Place of Business W. U.S. HIGHWAY 17-92 P.O. BOX 2037 HAINES CITY, FL 33844	Mailing Address W. U.S. HIGHWAY 17-92 P.O. BOX 2037 HAINES CITY, FL 33844
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1779970	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

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000078046
 03/08/04-80012-002 150.00

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	

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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: *F Delane Wilkison* 3-3-04 869-421-1252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #