2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 822649

1. Entity Name
WYMAN ATKINS INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
207 ATKINS ROAD	P.O. BOX 327
GEORGETOWN, FL 32139 US	GEORGETOWN, FL 32139 US

DO NOT WRITE IN THIS SPACE

02032004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1236592	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ATKINS, WYMAN
207 ATKINS ROAD
GEORGETOWN, FL 32139

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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

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

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	00000050812 02/16/04-80025-023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PTS
NAME	ATKINS, WYMAN
STREET ADDRESS	207 ATKINS ROAD
CITY-ST-ZIP	GEORGETOWN, FL
TITLE	V
NAME	ATKINS, ROSA L.
STREET ADDRESS	207 ATKINS ROAD
CITY-ST-ZIP	GEROGETOWN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: 2-10-04

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