

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000003620

1. Entity Name
DWYKAT, INC.



Principal Place of Business
6400 W. FAIRFIELD DRIVE
PENSACOLA, FL 32506

Mailing Address
POBOX 36475
PENSACOLA, FL 32516



03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0536889

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUSHING, DWYKE L
6400 W FAIRFIELD DR
PENSACOLA, FL 32506

**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

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

U000000098974
03/29/04 000003 024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
RUSHING, DWYKE L
6400 W. FAIRFIELD DRIVE
PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RUSHING, KATHY R
6400 W. FAIRFIELD DRIVE
PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RUSHING, MELISSA M
233 MEADSON WAY
PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUSHING, JASON D
497 DOGWOOD DR
LUSBY, MD 20657

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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dwyke L. Rushing 3/26/04 8504571232