FILED
Apr 26, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000000780

1. Entity Name
WYKA, INC.

Principal Place of Business	Mailing Address
3822 E GULF TO LAKE HWY INVERNESS, FL 34453 US	517 WHISPERING PINES BLVD INVERNESS, FL 34453

DO NOT WRITE IN THIS SPACE

04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3221608
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WYKA, EDWARD W
517 WHISPERING PINES BLVD
INVERNESS, FL 34453

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 of New or Successor Registered Agent, if changing — Date — Typed or Printed Name of Individual — Title

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WYKA, MARGARET A
STREET ADDRESS	517 WHISPERING PINES BLVD
CITY ST ZIP	INVERNESS, FL 34453
TITLE	VSD
NAME	WYKA, EDWARD W
STREET ADDRESS	517 WHISPERING PINES BLVD
CITY ST ZIP	INVERNESS, FL 34453
TITLE	VD
NAME	WYKA, MICHAEL H.
STREET ADDRESS	12028 S. ELM PT
CITY ST ZIP	FLORAL 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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04/26/04-80051-006 150.00

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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: X Michael H Wyka 4/23/04 (352) 726-2889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #