

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90028 042 ***158.75

DOCUMENT # P94000000780

1. Entity Name
WYKA, INC.



Principal Place of Business
3822 E GULF TO LAKE HWY
INVERNESS, FL 34453 US

Mailing Address
517 WHISPERING PINES BLVD
INVERNESS, FL 34453

50032009



01272005 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

DO NOT WRITE IN THIS SPACE

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, 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, 2005 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 34436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 empowerments.

SIGNATURE: *Michael H. Wyka*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05 (352) 726-2889

Date

Daytime Phone #