

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000000780

Entity Name: WYKA, INC.

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

12028 S ELM POINT  
FLORAL CITY, FL 34436 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 126  
FLORAL CITY, FL 34436

**New Mailing Address:**

FEI Number: 59-3221608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: WYKA, MARGARET A  
Address: 517 WHISPERING PINES BLVD  
City-St-Zip: INVERNESS, FL 34453

Title: VSD  
Name: WYKA, EDWARD W  
Address: 517 WHISPERING PINES BLVD  
City-St-Zip: INVERNESS, FL 34453

Title: VD  
Name: WYKA, MICHAEL H.  
Address: 12028 S ELM PT  
City-St-Zip: FLORAL CITY, FL 34436

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD W WYKA

VSD

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date