2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000087624

1. Entity Name
WYLA, INC.

Principal Place of Business	Mailing Address
6920 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	6920 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

01252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3282661
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZIER, W R
1515 RIVERSIDE AVE, STE A
JACKSONVILLE, FL 32204

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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

U00000032820
02/05/04-80018-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	BENIS, JOHN G
STREET ADDRESS	179 CHRISTOPHER ST
CITY-ST-ZIP	NEW YORK, NY 10014
TITLE	DVP
NAME	WALLS, CHARLENE
STREET ADDRESS	1257 CUNNINGHAM CREEK DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	PD
NAME	WIENER, JOSEPH
STREET ADDRESS	6 BROOKDALE LANE
CITY-ST-ZIP	CHAPPAQUA, NY
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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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: C _____ Charlene W. Walls 2/03/2004 (904) 886-4338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #