


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90063 011 ***150.00

DOCUMENT # V16837 1. Entity Name BOB WYLIE, INCORPORATED					
Principal Place of Business BOB WYLIE, INC. 1485 AMY DR YULEE, FL 32097 US			Mailing Address P.O. BOX 6134 STE A FERNANDINA BEACH, FL 32035 US		
2. Principal Place of Business 97398 Amy Dr. Suite, Apt. #, etc.		3. Mailing Address 97398 Amy Dr. Suite, Apt. #, etc.			
City & State Yulee FL. Zip 32097		City & State Yulee FL. Zip 32097		4. FEI Number 59-3110640 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04262004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WYLIE, R. F. JR. 1485 AMY DR YULEE, FL 32097			7. Name and Address of New Registered Agent Name WYLIE R.F. JR. Street Address (P.O. Box Number is Not Acceptable) 97398 Amy Dr. City Yulee FL Zip Code 32097		
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 <u>Robert F. Wylie JR.</u> <u>Robert F. Wylie JR.</u> <u>4-26-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WYLIE, R. F. JR. 1485 AMY DR YULEE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WYLIE R.F. JR. 97398 Amy Dr. Yulee FL. 32097
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WYLIE, R. F. JR. 1485 AMY DR YULEE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WYLIE R.F. JR. 97398 Amy Dr. Yulee FL 32097
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WYLIE, BONNIE L 1485 AMY DR YULEE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WYLIE, Bonnie L. 97398 Amy Dr. Yulee FL. 32097
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Robert F Wylie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-26-04</u> <u>904 759-3335</u> <small>Date Daytime Phone #</small>		