

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V20521

1. Entity Name
WILKINS INSURANCE AGENCY, INC.



FILED
Apr 05, 2004 08:00 AM
Secretary of State

Principal Place of Business
1245 JONES CREEK ROAD
BRYSON CITY, NC 28713

Mailing Address
1245 JONES CREEK ROAD
BRYSON CITY, NC 28713



DO NOT WRITE IN THIS SPACE

02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3114198 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINS, LEWIS F.
408 LAKE BLVD.
SANFORD, FL 32773

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 _____ (NOTE: Registered Agent signature required when reissuing) 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILKINS, LEWIS F 408 LAKE BLVD. SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000103155
04/05/04-80044-022 150.00

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)(f), 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: Lewis F. Wilkins Lewis F. Wilkins 04/09/04 828-488-8089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #