## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jan 29, 2004 8:00 am Secretary of State **DOCUMENT # 479558** 01-29-2004 90088 010 \*\*\*150.00 CHARLES YOKUBONUS AND SON, INC. Principal Place of Business Mailing Address 807 TERPACE AVE 22 MEADOW RIDGE VIEW DAYTONA BEACH, FL 32114 US ORMOND BEACH, FL 32174 US 2. Principal Place of Busines 3. Mailing Address *22 Mendow Ria* Suite, Apt. #, etc. 01212004 Cha-P CR2E034 (10/03) City & State Or Mond City & State 4. FEI Number Applied For 59-1603980 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOKUBONUS, CHARLES BRUCE Street Address (P.O. Box Number is Not Acceptable) 22 MEADOW RIDGE VIEW ORMOND BEACH, FL 32174 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Charles Bruce Yokubonus Change ■ Addition YOKUBONUS, CHARLES R NAME NAME 22 MEADOW VIEW STREET ADDRESS STREET ADDRESS ORMOND BEACH, FL 32174 CITY-ST-ZIP Please remove Charles R, Yoku Sprogus Addition Tal S. Buch St, Apt 301A TITLE TITLE Delete NAME STREET ADDRESS YOKUBONUS, CHARLES & R. 721 S BEACH ST., APT 307A STREET ADDRESS CITY-ST-7/P DAYTONA BEACH, FL 32114 CITY-ST-ZIP ☐ Delete TITLE THE ☐ Change ☐ Addition 2 officers YOKUBONUS, PEGGY S NAME his corporation has only STREET ADDRESS 22 MEADOW RIDGE VIEW STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS 5. Yokubonus CITY-ST-ZIP CITY-ST-ZIP 22 Mendow Lide View, OF Fortuge 3 20 Tolyton TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 print an address, with all other like empowered.

OFFICER OF DIRECTOR

FILED