2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90300 013 ***158.75

DOCUMENT #N04000006012

1. Entity Name
YLL, INC.

Principal Place of Business	Mailing Address
20 SOUTH FIFTH STREET FERNANDINA BEACH, FL 32034	20 SOUTH FIFTH STREET FERNANDINA BEACH, FL 32034

04142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0429512 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, CLYDE W
20 SOUTH FIFTH STREET
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

Name IVAN W. WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)

85245 Blackmon Road

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 I. W. W. Director April 21, 2004
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATO, JOHN H 2036 DELEEN ROAD YULEE, FL 32097	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Melissa Williams 85245 Blackmon Road Yulee, Florida 32097	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, IVAN ~~1219~~ BLACKMON ROAD 85245 YULEE, FL 32097	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Connie Daughtry 2536 Wingate Landing Road Yulee, Florida 32097	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSHALL, THOMAS 1220 WHIPPOORWILL PLACE YULEE, FL 32097	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALLIS, JULIE 1683 AVANT ROAD YULEE, FL 32097	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, KIM 1655 CALLAWAY DR. YULEE, FL 32097	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POMAR, JOE 3655 CREWS CREEK AVENUE YULEE, FL 32097	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: I. W. W. Ivan W. Williams April 21, 2004 904-225-2408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #