

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054327

Entity Name: YM ENTERPRISES, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

1971 HOLLINGTON DR
JACKSONVILLE, FL 322468461

New Principal Place of Business:

Current Mailing Address:

1971 HOLLINGTON DR
JACKSONVILLE, FL 322468461

New Mailing Address:

FEI Number: 51-0470876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, M. MARK ESQ.
4540 SOUTHSIDE BLVD STE 801
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCQUEEN, YVETTE M MD
Address: 1971 HOLLINGTON DR
City-St-Zip: JACKSONVILLE, FL 322468461

Title: D () Delete
Name: GIBSON, FAITH A
Address: 1971 HOLLINGTON DR
City-St-Zip: JACKSONVILLE, FL 322468461

Title: D () Delete
Name: THOMPSON, TERESA A
Address: 120 PEBBLE WAY
City-St-Zip: COVINGTON, GA 300167685

Title: D () Delete
Name: GIBSON, ETHLYN RN, MSN
Address: 6220 56 ST COURT WEST
City-St-Zip: UNIVERSITY PL, WA 984674900

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVETTE M MCQUEEN MD

D

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date