


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90105 044 \*\*\*150.00

**DOCUMENT # P97000083267**

1. Entity Name  
**YUMMY CORP.**



Principal Place of Business **B** 6650 Sunset Way #107C St. Pete Beach, FL 33706

Mailing Address  
~~7000 BLIND PASS RD~~ 7000 BLIND PASS RD  
 SAINT PETERSBURG BEACH FL 33706 ST. PETE BEACH FL 33706  
 US US


2. Principal Place of Business *ABOVE*

3. Mailing Address *ABOVE*

Suite, Apt. #, etc.

City & State

Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **54-3490651** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**BUNS, FRED**  
~~101 59 AVE~~  
 SAINT PETERSBURG BEACH FL 33706

**B** 6650 Sunset Way #107C St. Pete Beach, FL 33706

7. Name and Address of New Registered Agent

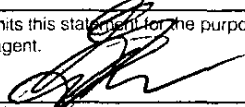
Name

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

**B** 6650 Sunset Way #107C St. Pete Beach, FL 33706

City **FL** Zip Code

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 

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  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	BUNS, FRED	
STREET ADDRESS	101 59 AVE	
CITY-ST-ZIP	SAINT PETERSBURG BEACH FL 33706	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUNS-BERGERMAN, ETHEL	
STREET ADDRESS	101 59 AVE	
CITY-ST-ZIP	ST PETE BCH FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PURBS-S. FRED BUNS</i>	
STREET ADDRESS	<i>6650 SUNSET WAY</i>	
CITY-ST-ZIP	<i>ST PETE BCH FL 33706</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: *4/18/04* DAYTIME PHONE #: *727 367 5038*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR