


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 331146</b> 1. Entity Name 4844 CORP	
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Principal Place of Business  
14200 N.W. 4TH ST  
SUNRISE, FL 33325 US

Mailing Address  
C/O DAVID A. YARBOROUGH  
14200 N.W. 4TH ST  
SUNRISE, FL 33325 US



**DO NOT WRITE IN THIS SPACE**

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1379052	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

YARBOROUGH, HAROLD G.  
14200 N.W. 4TH ST.  
SUNRISE, FL 33325

**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 \_\_\_\_\_

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD YARBOROUGH, HAROLD G 15140 WHETSTONE WAY FT. LAUDERDALE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YARBOROUGH, DAVID A 14200 NW 4TH STREET FORT LAUDERDALE, FL 33325
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UD00000012647  
01/26/04-80018-017 150.00

**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 19.07(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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DAVID A. YARBOROUGH, Pres.

1-15-04 (954) 846-2663

Date

Daytime Phone #