## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 379257**

THE YELLOW BIRD OF ST. ARMANDS, INC.



FILED Jul 07, 2004 08:00 AM **Secretary of State** 

Principal Place of Business

640 S. WASHINGTON BLVD.

STE, 230

SARASOTA, FL 34236

Mailing Address

640 S. WASHINGTON BLVD.

STE. 230

SARASOTA, FL 34236



## DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1350607 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARMEL, JOANN R

640 S. WASHINGTON BLVD. STE. 230 SARASOTA, FL 34236

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<ol><li>The above named entity submits this statement for the obligations of registered agent.</li></ol>	e purpose of cha	anging its registered office of	or registered agent, or bo	th, in the State of Florida.	I am familiar v	vith, and accept
SIGNATURESignature, typed or printed name of registered agent and	litle il spplicable	(NOTE. Registered Agent signs	atura raquired when reinstating)		DATE	
FILE NOW!!! FEE IS \$550.00	9. Election	n Campaign Financing	\$5.00 May Be	700000163	776	

Due by September 8, 2004

Trust Fund Contribution.

Added to Fees

*U7/U7/U4-80*016-005 400.00

10. OFFICERS AND DIRECTORS TITLE PD NAME CARMEL, JOANN R 640 S. WASHINGTON BLVD., STE 230 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000163776 07/07/04-80016-006 150.00

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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.

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

941-388-1823