2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2005 08:00 AM Secretary of State

ANNOAL REPORT								
DOCUMENT # 601670 1. Entity Name YANCHUCK, BERMAN, WADLEY								
Principal Place of Business 5453 CENTRAL AVENUE ST. PETERSBURG, FL 33710 US	Mailing Address P O BOX 4192 SAINT PETERSBURG, 33731	-4192 US						

Principal Place of Business 5453 CENTRAL AVENUE ST. PETERSBURG, FL 33710 US P 0 BOX 4192 SAINT PETERSBURG, 33731-4192 US DO NOT WRITE IN THIS SPACE			01052005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-1280052 Not Applied For Not Applied For S9-1280052 S8.75 Additional				
				5. Ceruncate	of Status Desired	Fee	Required
HINES, JA 315 SOUT TAMPA, F	'H HYDE PARK AVE.	Registered Agent	:		NOT W		
	named entity submits this statement for	r the purpose of changing its register	ed office or register	ed agent, or bot	h, in the State of Flo	rida. I am famili	ar with, and accept
SIGNATURE_	ions of registered agent. Signature typed or printed name of registered agent	and title if applicable. (NOTE Registers	d Agent signature required	when reinslating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9, Election Campaign Final Trust Fund Contribution.	· _ ~ .	00 May Be ad to Fees			
10.	OFFICERS AND	DIRECTORS				,	, , - <u>-</u> ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STD BERMAN, IRA 5453 CENTRAL AVENUE ST PETERSBURG, FL 33710 PD YANCHUCK, JOEL P.	•.			01/S1/05 01/S1/05	10186130 5-80045-0)02 150.00
STREET ADDRESS CITY-ST-ZIP	5453 CENTRAL AVENUE ST PETERSBURG, FL 33710						÷
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not dealify for the executive and accurate and that my signa	mption stated in Seture shall have the	ction 119,07(3)(ame legal effect), Florida Statutes. I t as if made under o	further certify th ath, that I am an	at the information officer or director

indicated on this report or supplemental report is the arid accurate and mat 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 employer of the exercise plus report as required by Chapter 607, Florida Statutas, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the employer of

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel P. Yanchuck

1/18/05

727-8226313

Daytime Phone #