


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90182 007 ***150.00

DOCUMENT # J66974

1. Entity Name
JOHN F. YEAGER, P.A.



Principal Place of Business Mailing Address

300 SEVILLA AVENUE 300 SEVILLA AVENUE
 #215 #215
 MIAMI, FL 33134 US MIAMI, FL 33134 US

50023644



2. Principal Place of Business 3. Mailing Address

1501 VENERA AVE **1501 VENERA AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 223 **SUITE 223**

02032005 Chg-P CR2E034 (10/03)

City & State City & State

CORAL GABLES, FL **CORAL GABLES, FL**

Zip Country Zip Country

33146 **USA** **33146** **USA**

4. FEI Number Applied For

59-2780533 Not Applicable

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

6. Name and Address of Current Registered Agent

YEAGER, JOHN F
300 SEVILLA AVENUE
SUITE 215
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name **YEAGER, JOHN F.**

Street Address (P.O. Box Number is Not Acceptable) **1501 VENERA AVE**

SUITE 223

City **CORAL GABLES** FL Zip Code **33146**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	YEAGER, JOHN F	
STREET ADDRESS	300 SEVILLE AVENUE #215	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN F. YEAGER	
STREET ADDRESS	1501 VENERA AVE, SUITE 223	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
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: **2/28/05** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR