## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L97363

City-St-Zip: ATLANTA, GA 30342

Entity Name: YONTZ CORPORATION

FILED May 03, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:	
	HILL DR. S E HAVEN, FL 338	84		
Current Mailing Address:			New Mailing Address:	
	HILL DR. S E HAVEN, FL 338	84		
FEI Number	: 59-3032652	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
DAVENPO	VARD RUN DRT, FL 33896	US ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both
SIGNATUI				
		c Signature of Registered Age	ent	Date
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	PD () YONTZ, DONALI 1007 BAYHILL E WINTER HAVEN	R SE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Fitle: Name: Address: City-St-Zip:	VPD () STARNES, CARI 122 LANCASTER OAK RIDGE, TN	R RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Fitle: Name: Address: City-St-Zip:	STD () BONELL, DONN 16470 HWY 275 LAKE WALES, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Fitle: Name: Address: City-St-Zip:	D () TARR, W. EDW/ 7663 HEATHFIE BRADENTON, F	LD CT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	D () GLUECHERT, R 4875 WESTFAL		Title: Name: Address:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DONNA BONELL	STD	05/03/2005