


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90265 020 \*\*\*\*61.25

**DOCUMENT # N00000001614**

1. Entity Name  
**Y.O.A.M. INC.**



Principal Place of Business Mailing Address

PO BOX 130344 PO BOX 130344  
 TAMPA FL 33681-0344 TAMPA FL 33681-0344

2. Principal Place of Business 3. Mailing Address

**1906 Pepperwood Pl.** **1906 Pepperwood Pl.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State City & State

**Brandon Fl.** **Brandon Fl.**

Zip Zip

**33510** **33510**

Country Country

4. FEI Number 59-3707283 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RILEY, PEOLA A**  
**6815 INTERBAY BLVD #3**  
**TAMPA FL 33616**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1906 Pepperwood Pl**  
 City  
**Brandon** FL Zip Code  
**33510**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RILEY, PEOLA</b> <b>6815 INTERBAY BLVD., #3</b> <b>TAMPA FL 33616</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>RILEY, MARCELLUS</b> <b>6815 INTERBAY BLVD. #3</b> <b>TAMPA FL 33616</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>FUOCO, TAMMEKKA</b> <b>2591 ETHERIDGE DR. A417</b> <b>ATLANTA GA 30318</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACOBS, ONEIKKA</b> <b>STATEMAN RD.</b> <b>BELVOUR VA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Riley, Peola</b> <b>1906 Pepperwood Pl</b> <b>Brandon FL 33510</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Marcellus Riley</b> <b>1906 Pepperwood Pl</b> <b>Brandon Fl. 33510</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Fuoco Tammeikka</b> <b>1906 Pepperwood Pl</b> <b>Brandon Fl. 33510</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Peola Riley Peola Riley 4/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #