


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000001614**  
 1. Entity Name  
 Y.O.A.M. INC.



Principal Place of Business  
 1906 PEPPERWOOD PL  
 BRANDON, FL 33510

Mailing Address  
 1906 PEPPERWOOD PL  
 BRANDON, FL 33510

**DO NOT WRITE IN THIS SPACE**



04272005 No Chg-NP CR2E037 (10/03)

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  
 1906 PEPPERWOOD PL  
 BRANDON, FL 33510

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, PEOLA 1906 PEPPERWOOD PL BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RILEY, MARCELLUS 1906 PEPPERWOOD PL BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FUOCO, TAMMEKKA 1906 PEPPERWOOD PL BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, ONEIKKA STATEMAN RD. BELVOUR, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000345447  
 04/30/05-80077-001 61.25

**DO NOT WRITE IN THIS SPACE**

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 A Riley* Peola A Riley 4/27/05 813 571-5744

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