

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

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002895

1. Entity Name
SONNY'S ADVERTISING FUND, INC.



Principal Place of Business
2605 MAITLAND CENTER PARKWAY
SUITE C
MAITLAND, FL 32751-7139

Mailing Address
2605 MAITLAND CENTER PARKWAY
SUITE C
MAITLAND, FL 32751-7139



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3320890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YARMUTH, ROBERT N
2605 MAITLAND CENTER PARKWAY
SUITE C
MAITLAND, FL 32751-7139

**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 _____

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

(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 D
NAME YARMUTH, ROBERT N
STREET ADDRESS 2605 MAITLAND CENTER PARKWAY, SUITE C
CITY-ST-ZIP MAITLAND, FL 327517139

TITLE D
NAME YARMUTH, JEFFREY
STREET ADDRESS 2605 MAITLAND CENTER PARKWAY, SUITE C
CITY-ST-ZIP MAITLAND, FL 327517139

TITLE D
NAME YARMUTH, WILLIAM B
STREET ADDRESS 4000 WOODSTONE WAY
CITY-ST-ZIP LOUISVILLE, KY 40241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000184023
01/20/05-80013-014 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)(f), 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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

1/14/05 (407) 660-8888