


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90003 047 \*\*\*150.00

<b>DOCUMENT # P00000042999</b>	
<b>1. Entity Name</b> BERNICE YARBOROUGH, INC.	

<b>Principal Place of Business</b> 115 S 5TH ST MACLENNY, FL 32063	<b>Mailing Address</b> 115 S 5TH ST MACLENNY, FL 32063
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<b>2. Principal Place of Business</b> 4670 Tom Norman Rd. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 4670 Tom Norman Rd. Suite, Apt. #, etc.
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<b>City &amp; State</b> MacLennny, FL	<b>City &amp; State</b> MacLennny, FL
<b>Zip</b> 32063	<b>Zip</b> 32063
<b>Country</b> USA	<b>Country</b> USA



02272004 Chg-P CR2E034 (10/03)

<b>6. Name and Address of Current Registered Agent</b>	
YONG, FRANK J 1050 RIVERSIDE AVE JACKSONVILLE, FL 32201	

**7. Name and Address of New Registered Agent**

<b>Name</b> Yong, Frank J
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 4370 St. Johns Ave, Suite 1A
<b>City</b> Jacksonville
<b>FL</b>
<b>Zip Code</b> 32201

**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b>
<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P	<b>NAME</b> YARBOROUGH, BERNICE K	<b>TITLE</b> P	<b>NAME</b> Evie T. Wombles
<b>STREET ADDRESS</b> 115 SOUTH FIFTH STREET	<b>CITY-ST-ZIP</b> MACLENNY, FL 32063	<b>STREET ADDRESS</b> 4670 Tom Norman Rd	<b>CITY-ST-ZIP</b> MacLennny, FL 32063
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST	<b>NAME</b> YARBOROUGH, BERNICE K	<b>TITLE</b> ST	<b>NAME</b> Michael D. Yarbrough
<b>STREET ADDRESS</b> 115 SOUTH FIFTH STREET	<b>CITY-ST-ZIP</b> MACLENNY, FL 32063	<b>STREET ADDRESS</b> 7539 John Rowe Rd.	<b>CITY-ST-ZIP</b> MacLennny, FL 32063
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D	<b>NAME</b> YARBOROUGH, BERNICE K	<b>TITLE</b> D	<b>NAME</b> Evie T. Wombles
<b>STREET ADDRESS</b> 115 SOUTH FIFTH STREET	<b>CITY-ST-ZIP</b> MACLENNY, FL 32063	<b>STREET ADDRESS</b> 4670 Tom Norman Rd	<b>CITY-ST-ZIP</b> MacLennny, FL 32063
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b> D	<b>NAME</b> Michael D. Yarbrough
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b> 7539 John Rowe Rd.	<b>CITY-ST-ZIP</b> MacLennny, FL 32063
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<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<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 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:** Evie T. Wombles **Evie T. Wombles** 2/20/04 904-259-2918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #