2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with

SIGNATURE

Jan 29, 2004 8:00 am Secretary of State DOCUMENT # P00000079947 1. Entity Name 01-29-2004 90104 035 ***150.00 RICK YEARICK, INC. Mailing Address Principal Place of Business 903 PINELLAS BAYWAY SO. PO BOX 58130 54001616 SAINT PETERSBURG, FL 33715 #108 SAINT PETERSBURG, FL 33715 3. Mailing Address 2. Principal Place of Business P.O. Box 530596 Suite, Apt. #, etc. Suite, Apt. #, etc. 01232004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For St. Petersburg, 59-3667166 Not Applicable Country U.S.A. Zip Country \$8.75 Additional ^{Zip} 33747-0596 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YEARICK, ROLAND M Street Address (P.O. Box Number is Not Acceptable) 903 PINELLAS BAYWAY SO. #108 TIERRA VERDE, FL 33715 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE ☐ Delete TITLE NAME NAME YEARICK, ROLAND M 903 PINELLAS BAYWAY SO., #108 STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST. PETE BEACH, FL 33706 CITY-ST-7IE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED