## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

## Mar 02, 2005 8:00 am **Secretary of State** DOCUMENT # P01000008047 1. Entity Name 03-02-2005 90089 046 \*\*\*150.00 S.T.Y., INC. Principal Place of Business Mailing Address 7281 NW 7TH COURT PLANTATION FL 33317 7281 NW 7TH COURT PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1069854 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - -YON, SADIE C Street Address (P.O. Box Number is Not Acceptable) 7281 NW 7TH COURT PLANTATION FL 33317 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Diff - v DPST ☐ Delete TITLE ☐ Change ☐ Addition YON, JAMES B NAME NAME 7281 NW 7TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME YON, THOMAS R NAME Thomas STREET ADORESS 1321 TOM WATSON ROAD STREET ADDRESS LAKELAND FL 33801 CITY-ST-ZIP CITY-ST-2IP TITLE TITLE ☐ Delete Change ☐ Addition NAME YON, SADIE C NAME STREET ADDRESS 7281 N.W. 7 COURT STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33319 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME 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