2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State
02-07-2005 90055 006 ***150.00

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02042005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000118774

1. Entity Name
THE "Y" DRIVE-THRU, INC.

Principal Place of Business	Mailing Address
2776 HWY. 70 EAST OKEECHOBEE, FL. 34972	~~6025 S.E. 30TH PKWY.~~ ~~OKEECHOBEE, FL 34974~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 456 Suite, Apt. #, etc.
City & State	City & State OKEECHOBEE, FL
Zip / Country	Zip 34973 / Country US

4. FEI Number 30-0031595 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSE, APRIL L ~~6025 SE 30TH PARKWAY~~ ~~OKEECHOBEE, FL 34974~~ 3960 NE 174th Dr. Okeechobee, FL 34972	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ROSE, APRIL L ~~6025 SE 30TH PARKWAY~~ ~~OKEECHOBEE, FL 34974~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ROSE, APRIL L PO BOX 456 OKEECHOBEE, FL 34973	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSE, WILLIAM T JR. 6025 SE 30TH PARKWAY OKEECHOBEE, FL 34974	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNSON, SHELBY D 2045 NE 7TH STREET OKEECHOBEE, FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUNSON, JENNIFER D 2045 NE 7TH STREET OKEECHOBEE, FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: April L Rose 2/4/05 863-634-2177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #