


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90002 013 ***550.00

DOCUMENT # P02000010569	
1. Entity Name PE YEAGER & CO., INC.	

Principal Place of Business 417 SHAMROCK BLVD. VENICE FL 34293	Mailing Address 417 SHAMROCK BLVD. VENICE FL 34293
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2. Principal Place of Business 10328 WALTON ST. Suite, Apt. #, etc.	3. Mailing Address 10328 WALTON ST. Suite, Apt. #, etc.
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MOORE CR2E034 (4/04)

City & State SPRING HILL FL	City & State SPRING HILL FL.
Zip 34608	Country HERNANDO
Zip 34608	Country HERNANDO

4. FEI Number 90-0003198	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YEAGER, PEARSON 417 SHAMROCK BLVD. VENICE FL 34293	
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7. Name and Address of New Registered Agent	
Name PEARSON YEAGER	
Street Address (P.O. Box Number is Not Acceptable) 10328 WALTON ST.	
City SPRING HILL	FL Zip Code 34608

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:  **PEARSON YEAGER** DATE: **8-21-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YEAGER, PEARSON 417 SHAMROCK BLVD VENICE FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YEAGER, PEARSON 10328 WALTON ST. SPRING HILL, FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  **PEARSON YEAGER** DATE: **8-21-04** (941) 320-6324 Daytime Phone #

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR