


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90032 014 ***158.75

DOCUMENT # P02000010569

1. Entity Name
PE YEAGER & CO., INC.



Principal Place of Business Mailing Address

10328 WALTON ST 10328 WALTON ST
 SPRING HILL FL 34608 SPRING HILL FL 34608

20011987



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address

1730 LAKESIDE DR. **1730 LAKESIDE DR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

VENICE FL **VENICE FL**

Zip Country Zip Country

34293 SARASOTA **34293 SARASOTA**

4. FEI Number Applied For

90-0003198 Not Applicable

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

6. Name and Address of Current Registered Agent

YEAGER, PEARSON
10328 WALTON ST
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name: **PEARSON YEAGER**

Street Address (P.O. Box Number is Not Acceptable):
1730 LAKESIDE DR.

City: **VENICE** State: **FL** Zip: **34293**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **PEARSON YEAGER Pres.** *[Signature]* DATE: **2.14.05**

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	YEAGER, PEARSON
STREET ADDRESS	10328 WALTON ST
CITY-ST-ZIP	SPRING HILL FL 34608
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **PEARSON YEAGER Pres.** DATE: **2.14.05** DAYTIME PHONE #: **(941) 320-6324**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #