


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000082128**  
 1. Entity Name  
**YESTERCO, INC.**



Principal Place of Business 12509 GALLAGHER BLVD. PORT CHARLOTTE, FL 33981	Mailing Address 12509 GALLAGHER BLVD. PORT CHARLOTTE, FL 33981
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**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4210463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ABRAMS, CHARLES N  
 12509 GALLAGHER BLVD.  
 PORT CHARLOTTE, FL 33981

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when relocating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ABRAMS, KAREN A 12509 GALLAGHER BLVD PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT ABRAMS, CHARLES N 12509 GALLAGHER BLVD PORT CHARLOTTE, FL 33981
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 08/09/04-80010-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** Karen A. Abrams **804-04** **941-698-2418**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #