


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90053 001 \*\*\*150.00

DOCUMENT # P02000096827	
1. Entity Name S & Y PROPERTIES, INC.	

Principal Place of Business 378 LA HACIENDA DR. INDIAN ROCKS BEACH, FL 33785	Mailing Address <del>P.O. BOX 355</del> <del>INDIAN ROCKS BEACH, FL 33785</del> P.O. Box 1308 Gulfers, FL 34680
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50014320

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4.-FEI Number 41-2066377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STIMSON, STEPHEN S  
~~378 LA HACIENDA DR.~~  
~~INDIAN ROCKS BEACH, FL 33785~~  
5441 Pilots Place  
New Port Richey, FL 34652

**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 reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	D STIMSON, STEPHEN S <del>378 LA HACIENDA DR.</del> <del>INDIAN ROCKS BEACH, FL 33785</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, ATHENA <del>378 LA HACIENDA DR.</del> <del>INDIAN ROCKS BEACH, FL 33785</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	New address 5441 Pilots Place New Port Richey FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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: William Young 2/7/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #