


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000131639	
1. Entity Name YAMPA VALLEY, INC.	

Principal Place of Business 5365 S SOCRUM LOOP RD LAKELAND, FL 33809	Mailing Address 2612 WOODWIND HILLS LANE LAKELAND, FL 33813
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05012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0814434	Applied For 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 CZACHOWSKI, JOSEPH L 2612 WOODWIND HILLS LANE LAKELAND, FL 33813

**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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

5-1-05

DATE

FILED MAY 1 2005
FILE NOW!!! FEES \$550.00
Due by September 7, 2005

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 CZACHOWSKI, JOSEPH L 2612 WOODWIND HILLS LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZACHOWSKI, KAREN J 2612 WOODWIND HILLS LANE LAKELAND, FL 33813
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05/05/05-80072-020 150.00

**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)(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]* **KAREN CZACHOWSKI** **5-1-05** **863-644-0781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #