

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019296

FILED
Apr 29, 2005
Secretary of State

Entity Name: YALE CAPITAL CORPORATION

Current Principal Place of Business:

1955 ARROWHEAD DRIVE NORTHEAST
ST. PETERSBURG, FL 33703

New Principal Place of Business:

111 SECOND AVE NE
SUITE 503
ST. PETERSBURG, FL 33701

Current Mailing Address:

1955 ARROWHEAD DRIVE NORTHEAST
ST. PETERSBURG, FL 33703

New Mailing Address:

111 SECOND AVE NE
SUITE 503
ST. PETERSBURG, FL 33701

FEI Number: 51-0457333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHRS, DENIS A
2575 ULMERTON ROAD, SUITE 210
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: PACE, JACK
Address: 1955 ARROWHEAD
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: PACE, CHEYNE
Address: 111 SECOND AVE NE SUITE 503
City-St-Zip: SAINT PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHEYNE PACE

P

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date