


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000031439	
1. Entity Name YOU NAME IT, INC.	

Principal Place of Business 11654 ST. JOSEPH'S RD. JACKSONVILLE, FL 32223	Mailing Address 11654 ST. JOSEPH'S RD. JACKSONVILLE, FL 32223
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DO NOT WRITE IN THIS SPACE



04092005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0834203	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

NORMAN E. FREEDMAN, P.A.
525 N. NEWNAN ST.
JACKSONVILLE, FL 32202

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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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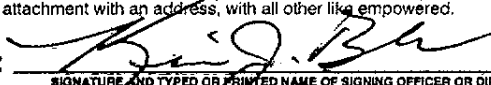
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLAKE, KEVIN J 11654 ST. JOSEPH'S RD. JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD BLAKE, FAYE 11654 ST. JOSEPH'S RD. JACKSONVILLE, FL 32223
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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:  **4/18/05 (904) 759-3601**

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