

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075848

Entity Name: Y-NOT ENTERPRISES, INC.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

15736 BAY LAKES TRAIL
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

15736 BAY LAKES TRAIL
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 04-3766309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATHYE, ANTHONY S
15736 BAY LAKES TRAIL
CLERMONT, FL 34711 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: D () Delete
Name: GATHYE, ANTHONY S
Address: 15736 BAY LAKES TRAIL
City-St-Zip: CLERMONT, FL 34711 US

Title: D () Delete
Name: ARTEAGA, RAMON JR.
Address: 18149 SANDY POINTE DR.
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ARTEAGA, RAMON JR.
Address: 212 W. PARIS STREET
City-St-Zip: TAMPA, FL 33607 US

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: ANTHONY S. GATHYE

D

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date