2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2004 8:00 am Secretary of State

DOCUMENT # P03000079090 1. Entity Name KURBEC & YATES, INC.					08-02-2004 900	007 013 ***150.0	00
PO BOX 442	Principal Place of Business Mailing Address PO BOX 4423 PO BOX 4423 MILTON, FL 32572 MILTON, FL 32572					540660	88
2. Principal Place of Business 2420 Olive Rd. 2420 Olive Suite, Apt. #, etc. Suite, Apt. #, etc.			c Rd.				
Stre - D She - City & State City & State				07272004	Chg-P	CR2E034 (10/03)	
Pense	acda, 5L	Pensacola,	FL	4. FEI Numb	<u>0635418</u>	No	plied For t Applicable
-3ユ5-/ ^{Zip}		32514	Country - USA		of Status Desired	□ \$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent			
JONES, ANGELA J 6460 JUSTICE AVE: MILTON, FL 32570				Address (P.O. Box Number is Not Acceptable)			
			<u> </u>				
City 8. The above named entity submits this statement for the ourpose of changing its registered office or re				FL Zip Code			
the obligations of registered agent. SIGNATURE VP Signature, typed or plinted name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the							
<u> </u>	ue by September 8, 2004	Trust Fund Cont		Added to Fees		ot receive the prior r	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	OFFICERS AND I D YATES, ROBERT M PO BOX 4423 MILTON, FL 32572	DIRECTORS Defete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS	/CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, JEAN PO BOX 4423 MILTON, FL 32572	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D # KURBEC, JOSEPH E 6061 DREXEL RD PENSACOLA, FL 32504	→ Delete →	NAME STREET ADDRESS CITY-ST-ZIP			Change 1	Addition 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TUILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	■ Addition
indicated of the cor	certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, v	true and accurate and that r wered to execute this report	ny signature shall have t as required by Chapter	the same local effo	ct as if made under oa es; and that my name :	ith: that I am an officer	or director Block 11 if