


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # P03000093946</b> |  |
| 1. Entity Name<br>HDYII, INC.  |   |

|   |   |
|---|---|
| Principal Place of Business<br>269 COLONADE CIRCLE<br>NAPLES, FL 34103 US | Mailing Address<br>P. O. BOX 874<br>PERRY, OK 73077-0874 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**

02122005 No Chg-P CR2E034 (10/03)

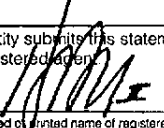
|  |                               |
|--|-------------------------------|
| 4. FCI Number<br>02-0707390  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

YOST, HARVEY D II  
269 COLONADE CIRCLE  
NAPLES, FL 34103

**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:  HARVEY D. YOST II 2/12/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

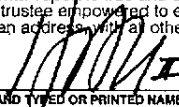
10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEOC<br>YOST, HARVEY D II<br>269 COLONADE CIR<br>NAPLES, FL 34103      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCOO<br>OCCHIPINTI YOST, DONNA<br>269 COLONADE CIR<br>NAPLES, FL 34103 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>OCCHIPINTI YOST, DONNA<br>269 COLONADE CIR<br>NAPLES, FL 34103   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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02/17/05-80043-021 150.00

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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 an other like empowered.

SIGNATURE:  HARVEY D. YOST II 2/12/2005 (580) 336-5511

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