

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2004 8:00 am
Secretary of State

04-27-2004 90058 049 ***150.00

DOCUMENT # P03000150581					
1. Entity Name TIMOTHY W. YAKEL, INC.					
Principal Place of Business 29182 ORCHID LANE BIG PINE KEY FL 33043 US			Mailing Address 29182 ORCHID LANE BIG PINE KEY FL 33043 US		
2. Principal Place of Business			3. Mailing Address PO Box 430599		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			Big Pine Key, FL		
Zip		Country		33043 USA	
4. FEI Number 50-0852861				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent YAKEL, TIMOTHY W 29182 ORCHID LANE BIG PINE KEY FL 33043			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	PO Box 430599	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAKEL, TIMOTHY W		NAME	Big Pine Key, FL	
STREET ADDRESS	29182 ORCHID LANE		STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL 33043		CITY-ST-ZIP	33043	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			4/26/04 305/873-0226		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		