


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90115 019 ***150.00

DOCUMENT # P04000011136 1. Entity Name PAUL YONKE, INC.					
Principal Place of Business 2953 1/2 2ND AVENUE NORTH ST. PETERSBURG FL 33713			Mailing Address 2953 1/2 2ND AVENUE NORTH ST. PETERSBURG FL 33713		
2. Principal Place of Business 1027 QUEEN ST, North Suite, Apt. #, etc.		3. Mailing Address 1027 QUEEN ST, North Suite, Apt. #, etc.			
City & State SAINT PETERSBURG FL		City & State SAINT PETERSBURG FL		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33713		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YONKE, PAUL R 2953 1/2 2ND AVENUE NORTH ST. PETERSBURG FL 33713			7. Name and Address of New Registered Agent Name PAUL YONKE INC. Street Address (P.O. Box Number is Not Acceptable) 1027 QUEEN STREET North City SAINT PETERSBURG FL Zip Code 33713		
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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YONKE, PAUL R 2953 1/2 2ND AVENUE NORTH ST. PETERSBURG FL 33713		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Paul R. Yonke</u> PAUL R. YONKE 4-29-05 (727) 895-2711 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					