


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90074 013 \*\*\*150.00

<b>DOCUMENT # P04000024657</b>		
1. Entity Name <b>M Y REALTY &amp; DEVELOPMENT CORP.</b>		

Principal Place of Business <b>39650 US HWY 19 NORTH, UNIT 331 TARPON SPRINGS, FL 34689</b>	Mailing Address <b>39650 US HWY 19 NORTH, UNIT 331 TARPON SPRINGS, FL 34689</b>
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2. Principal Place of Business <b>5415 FRONT DR.</b>	3. Mailing Address <b>5415 FRONT DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HOLIDAY</b>	City & State <b>HOLIDAY</b>
Zip <b>FL</b>	Country <b>34690</b>
Zip <b>FL</b>	Country <b>34690</b>

6. Name and Address of Current Registered Agent <b>MILLER, PATRICIA K 39650 US HWY 19 NORTH, UNIT 331 TARPON SPRINGS, FL 34689</b>	
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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 reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P YANNON, JOSEPH E 5415 FRONT DRIVE HOLIDAY, FL 34690</b> <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	<b>VST MILLER, PATRICIA K 39650 US HWY 19 NORTH, UNIT 331 TARPON SPRINGS, FL 34689</b> <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"/> Delete	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"/> Delete	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:** *Patricia K. Miller* **VP S/T** **3/5/05** **(627) 942-8418**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #