

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90017 018 ***150.00

DOCUMENT # P95000074591 1. Entity Name YOXTHEIMER LATHING INC.			
Principal Place of Business 110 CONFEDERATE POINT ROAD PALATKA, FL 32177 US		Mailing Address 110 CONFEDERATE POINT ROAD PALATKA, FL 32177 US	
2. Principal Place of Business 329 Royal Caribbean Ct		3. Mailing Address 329 Royal Caribbean Ct	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32080		Zip 32080	
Country USA		Country USA	
4. FEI Number 59-3335081		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 WILLIAMS, BRENDA 6683 CRILL AVE PALATKA, FL 32177		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 D	NAME YOXTHEIMER, PAUL	TITLE Change	NAME 329 Royal Caribbean Ct
STREET ADDRESS 110 CONFEDERATE POINT ROAD	CITY-ST-ZIP PALATKA, FL 32177	STREET ADDRESS St. Augustine, FL	CITY-ST-ZIP 32080
TITLE D	NAME YOXTHEIMER, DIANA	TITLE Change	NAME 329 Royal Caribbean Ct
STREET ADDRESS 110 CONFEDERATE POINT ROAD	CITY-ST-ZIP PALATKA, FL 32177	STREET ADDRESS St. Augustine, FL	CITY-ST-ZIP 32080
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	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: X P. Yoxtheimer		1-8-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	