

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90294 001 ***450.00

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03022005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000071945 1. Entity Name YELLOW WATER PINES, INC.			
Principal Place of Business 5903-1 SOLOMON ROAD JACKSONVILLE, FL 32234		Mailing Address 5903-1 SOLOMON ROAD JACKSONVILLE, FL 32234	
2. Principal Place of Business 14770 Normandy Blvd Suite, Apt. #, etc.		3. Mailing Address 14770 Normandy Blvd Suite, Apt. #, etc.	
City & State Jacksonville FL Zip 32234 Country		City & State Jacksonville, FL Zip 32234 Country	
4. FEI Number 59-3464065		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 GRIFFIN, GALYNNA K 5903-1 SOLOMON ROAD JACKSONVILLE, FL 32234		7. Name and Address of New Registered Agent Name Galynna K. Griffin Street Address (P.O. Box Number is Not Acceptable) 14770 Normandy Boulevard City Jacksonville FL Zip Code 32234	
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 _____ <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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GRIFFIN, GALYNNA K 5903-1 SOLOMON RD JACKSONVILLE, FL 32234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Griffin, Galynna K. 14770 Normandy Boulevard Jacksonville, FL 32234
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
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
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
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
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:		3/2/05 904-289-7278 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			