

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90054 014 \*\*\*150.00

**DOCUMENT # P97000097876**

1. Entity Name

VAUGHNYARD T., INC.



Principal Place of Business  
103 FLORIDA AVENUE  
LYNN HAVEN FL 32444

Mailing Address  
103 FLORIDA AVENUE  
LYNN HAVEN FL 32444

54009392



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3497125

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, BILLY  
103 FLORIDA AVENUE  
LYNN HAVEN FL 32444

Name GENEZ VAUGHN

Street Address (P.O. Box Number is Not Acceptable)

103 Florida Ave.

City LYNN HAVEN, FL

FL Zip Code 32444

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 Genez Vaughn

Genez Vaughn

2-16-04

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Delete  
NAME PITTS, MELODY K  
STREET ADDRESS 1365 FURY'S FERRY RD  
CITY-ST-ZIP EVANS GA 30809

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME DUPREE, INA E  
STREET ADDRESS 103 FL AVE  
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME TURNER, BILLY  
STREET ADDRESS 103 FLORIDA AVE.  
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☒ Delete  
NAME KOVACH, CARRIE G  
STREET ADDRESS RT 3 BOX 558  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME VAUGHN, FAYE C  
STREET ADDRESS 103 FLORIDA AVE  
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME VAUGHN, GENEZ  
STREET ADDRESS 103 FLORIDA AVE  
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition  
NAME  
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: Genez VAUGHN, Genez Vaughn 2-16-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850  
271-1909