

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY -5 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000019487

1. Entity Name
YOUR OPPORTUNITIES UNLIMITED, INC.



Principal Place of Business Mailing Address
~~2715 VIA CAPRI #722~~ 4818 Roberts Road
~~CLEARWATER, FL 33764~~ ~~FL 33764~~ Palm Harbor
Florida 34683 Florida 34683



02292004 No Chg-P CR2E034 (10/03) 64

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3241141 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

DOUGLAS, DAN M Kenneth A. Sunne, Esq
~~2715 VIA CAPRI #722~~ 1151 N.E. Cleveland Street
CLEARWATER, FL 33764 33755

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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 *Kenneth A. Sunne* As Registered Agent 4/30/04
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

9. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
05/12/04--01033--008 **150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME DOUGLAS, DAN M Timothy Leake
STREET ADDRESS 2715 VIA CAPRI #722 4818 Roberts Road
CITY-ST-ZIP CLEARWATER, FL 33764 Palm Harbor, FL 34683

TITLE Secretary/Treasurer
NAME Mary Lou Karlson
STREET ADDRESS 155 Bluff View Drive #104
CITY-ST-ZIP Belleair Bluffs, FL 33770-3770

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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: *[Signature]* 4-29-04 227-4613100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #