
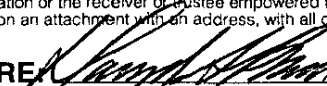


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90013 017 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                                  |                                                                                       |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P98000030516</b><br>1. Entity Name<br><b>Y DEVELOPMENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                                                                                  |                                                                                       |  |  |
| Principal Place of Business<br><b>240 S PINEAPPLE AVE<br/>10TH FLOOR<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                                  | Mailing Address<br><b>POST OFFICE BOX 49948<br/>SARASOTA, FL 34230-6948</b>           |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | 3. Mailing Address                                                               |                                                                                       |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | Suite, Apt. #, etc.                                                              |                                                                                       |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        | City & State                                                                     |                                                                                       |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                | Zip                                                                              | Country                                                                               | 4. FEI Number<br><b>65-0826257</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                                                  |                                                                                       | <b>\$8.75 Additional Fee Required</b>                                             |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                                  | 7. Name and Address of New Registered Agent                                           |                                                                                   |  |
| <b>BAND, STEVEN C<br/>1991 MAIN ST<br/>STE 183<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                                                  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                                                  |                                                                                       |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 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>                                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                 |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete      | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>BAND, DAVID S</b>                   | NAME                                                                             |                                                                                       |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>240 S PINEAPPLE AVE, 10TH FLOOR</b> | STREET ADDRESS                                                                   |                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SARASOTA, FL 34236</b>              | CITY-ST-ZIP                                                                      |                                                                                       |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete      | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>KANE, STANLEY B</b>                 | NAME                                                                             |                                                                                       |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>539 NORSTOA WAY</b>                 | STREET ADDRESS                                                                   |                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SARASOTA, FL 34242</b>              | CITY-ST-ZIP                                                                      |                                                                                       |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete      | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>KANE, DANIEL</b>                    | NAME                                                                             |                                                                                       |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1127 WESTWAY DRIVE</b>              | STREET ADDRESS                                                                   |                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SARASOTA, FL 34236</b>              | CITY-ST-ZIP                                                                      |                                                                                       |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete        | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | NAME                                                                             |                                                                                       |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | STREET ADDRESS                                                                   |                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | CITY-ST-ZIP                                                                      |                                                                                       |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete        | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | NAME                                                                             |                                                                                       |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | STREET ADDRESS                                                                   |                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | 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. |                                        |                                                                                  |                                                                                       |                                                                                   |  |
| <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | <b>David S. Band, Director</b>                                                   |                                                                                       | <b>2/27/04</b>                                                                    |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | Date                                                                             |                                                                                       | Daytime Phone # <b>941-366-6660</b>                                               |  |