

FILED  
Aug 01, 2005 8:00 am  
Secretary of State

03-11-2005 90322 023 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P98000073842

1. Entity Name  
S/B YANKEETOWN, INC.



Principal Place of Business

36 63RD STREET  
YANKEETOWN, FL 34498

Mailing Address

P.O. BOX 46  
CEDAR KEY, FL 32625

66025299



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3545155

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CAUSEY KATHRYN F  
12421 SR 24  
PO BOX 46  
CEDAR KEY, FL 32625

DO NOT WRITE  
IN THIS SPACE

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

*[Signature]*  
Signature of principal and registered agent and fee if applicable.

*[Signature]*

(NOTE: Registered Agent signature required when re-registering)

DATE

*[Signature]*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$530.00

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
COX, WILLIAM R  
19 PATRICIA DRIVE  
YANKEETOWN, FL 34498

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
COX, LILLIAN M  
19 PATRICIA DRIVE  
YANKEETOWN, FL 34498

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-2005

Date

Reg Agent  
352-543-6291

Daytime Phone #



ATTACHMENT

66628299

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 19, 2005

S/B YANKEETOWN, INC.  
P.O. BOX 46  
CEDAR KEY, FL 32625

SUBJECT: S/B YANKEETOWN, INC.  
Ref. Number: P98000073842

We have received your document for S/B YANKEETOWN, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

Our office previously returned a copy of the annual report for corrections. Enclosed is a copy of the annual report and reject letter. To date, we have not received the corrected report back. Please make the corrections on the annual report and return it to our office for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 605A00047241

the named company S/B Yankeeetown, Inc  
does have a Florida street (and PO BOX)  
address. Both the registered agent and  
location of business. I believe this  
notice is incorrect.

Kathryn Causey, CPA