

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096486

FILED
Jan 20, 2004
Secretary of State

Entity Name: INVESTMENTS BY YAM, INC.

Current Principal Place of Business:

9934 LAKE LOUISE DR
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

9934 LAKE LOUISE DR
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3542132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, DAVID ESQ.
101 6TH ST NW
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

ALEXANDER, DAVID ESQ.
141 5TH ST NW
WINTER HAVEN, FL 33881 US

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.

SIGNATURE: DAVID ALEXANDER

01/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAY, CHARISSE W
Address: 9934 LAKE LOUISE DR
City-St-Zip: WINDERMERE, FL 34786

Title: VSTD () Delete
Name: MAY, WILLIAM BRIAN
Address: 9934 LAKE LOUISE DR
City-St-Zip: WINDERMERE, FL 34786

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSTD (X) Change () Addition
Name: MAY, WILLIAM BRYAN
Address: 9934 LAKE LOUISE DR
City-St-Zip: WINDERMERE, FL 34786

Title: VSTD () Change (X) Addition
Name: MAY, JAMES MICHAEL
Address: 9934 LAKE LOUISE DR
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARISSE W MAY

PD

01/20/2004

Electronic Signature of Signing Officer or Director

Date