

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90018 034 \*\*\*150.00

**DOCUMENT # P99000037663**

1. Entity Name  
**YESBIK CONSTRUCTION, INC.**



**14000317**



03102004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3589164** ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**YESBIK, AMY L**  
**13850 NW 50TH AVE.**  
**CHIEFLAND, FL 32626**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **CEOP** ☐ Delete  
NAME **YESBIK, NICHOLAS I**  
STREET ADDRESS **13850 NW 50TH AVE.**  
CITY-ST-ZIP **CHIEFLAND, FL 32626**

TITLE **VP** ☐ Delete  
NAME **YESBIK, AMY**  
STREET ADDRESS **13850 NW 50TH AVE.**  
CITY-ST-ZIP **CHIEFLAND, FL 32626**

TITLE **CFOV** ☒ Delete  
NAME **MCGEE, MAX**  
STREET ADDRESS **7371 NW 95TH ST**  
CITY-ST-ZIP **CHIEFLAND, FL 32626**

TITLE **VP** ☐ Delete  
NAME **MCELROY, DONALD**  
STREET ADDRESS **5091 NW 137TH LANE**  
CITY-ST-ZIP **CHIEFLAND, FL 32626**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

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:

*Nicholas I. Yesbik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2.17.04**

Date

**352-332-7773**

Daytime Phone #