2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2004 8:00 am Secretary of State

DOCUMENT # P990000495 1. Entity Name YEAPLE CORPORATION	535		01-09-2004 9	0068 036 ***150.00
Principal Place of Business 106 S INTERLACHEN AVE, #216 WINTER PARK, FL 32789	TERLACHEN AVE, #216 106 S INTERLACHEN AVE, #216		∾. ⊄ ch	
2. Principal Place of Business 456 Bouckelle Dr. Sujte, Apt. #, etc.	3. Mailing Address 456 Bouchell Suite, Apt. #, etc.	eDr.	01062004 Chg-P	CR2E034 (10/03)
City & State New Smyrna Beach, FL	City & State New Smyrn	a Beach. F	4. FEI Number 59-3590494	Applied For Not Applicable
32169 Country	32169	Country ,	5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current R YEAPLE, RONALD N 106 S INTERLACHEN AVE, #216 WINTER PARK, FL 32789			7. Name and Address of New Response Ronald N. Sake O. Box Number is Not Acceptable. Box Chelle Properties of Sake O. Box Number is Not Acceptable. Box Chelle Properties of Sake O. Box Number is Not Address of New Response in New Response	FL Zin Code 32/69
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 algundure required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	9. Election Campaign	Financing		Private Control of the Control of th
10. OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 11
TITLE D NAME YEAPLE, RONALD N STREET ADDRESS 106 S INTERLACHEN AVE, #216 CITY-ST-ZIP WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	leaple, Ronald N 150 Bouchelle Dr,	Change Addition # 306
TITLE D NAME YEAPLE, BEVERLY L STREET ADDRESS 106 S INTERLACHEN AVE, #216 CITY-ST-ZIP WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Veaple, Beverly L 456 Bouchelle Dr. New Smyrna Ben	Change Addition 305 3/2/69
TITLE MAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	v. i	Change Addition
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 suppliemental 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 furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block_10 or Block_11 if				