


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000000690			
1. Entity Name YUNIS REALTY, INCORPORATED			
Principal Place of Business 214 E. CHURCH ST. ELMIRA NY 14901		Mailing Address 214 E. CHURCH ST. ELMIRA NY 14901	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SNYDER, WILLIAM ESQ 7931 SW 45TH ST. DAVIE FL 33328		4. FEI Number 16-0929989	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			



1st MOORE CR2E034 (10/04)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	YUNIS, AMY K	NAME	
STREET ADDRESS	214 E CHURCH ST	STREET ADDRESS	
CITY-ST-ZIP	ELMIRA NY 14901	CITY-ST-ZIP	UN0000300499 04/12/05-80022-015 150.00
TITLE	VDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUNIS, MARY H	NAME	
STREET ADDRESS	681 W. CLINTON ST.	STREET ADDRESS	
CITY-ST-ZIP	ELMIRA NY 14905	CITY-ST-ZIP	
TITLE	VDS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUNIS, MARY J	NAME	
STREET ADDRESS	740 LARCHMONT RD.	STREET ADDRESS	
CITY-ST-ZIP	ELMIRA NY 14905	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUNIS, JOHN T	NAME	
STREET ADDRESS	214 E. CHURCH ST.	STREET ADDRESS	
CITY-ST-ZIP	ELMIRA NY 14901	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUNIS, HELEN A	NAME	
STREET ADDRESS	214 E. CHURCH ST.	STREET ADDRESS	
CITY-ST-ZIP	ELMIRA NY 14901	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUNIS, BARBARA J	NAME	
STREET ADDRESS	214 E. CHURCH ST.	STREET ADDRESS	
CITY-ST-ZIP	ELMIRA NY 14901	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)(f), 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: William J. Snyder 4/8/05 607-733-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #