

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # J35779
1. Entity Name
NICHOLAS YONCLAS, P.A.



Principal Place of Business
**35 ISLAND DR
SUITES 9 & 10
EASTPOINT, FL 32328 US**

Mailing Address
**P.O. BOX 386
EASTPOINT, FL 32328 US**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2736651

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**YONCLAS, NICHOLAS
35 ISLAND DR
SUITES 9 & 10
EASTPOINT, FL 32328**

DO NOT WRITE IN THIS SPACE

7. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

U00000032960
02/05/04-80024-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVT YONCLAS, NICHOLAS 35 ISLAND DR., SUITES 9 & 10 EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S YONCLAS, BARBARA 35 ISLAND DR., SUITES 9 & 10 EASTPOINT, FL 32328
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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: NICHOLAS YONCLAS **2/3/04** **(850)670-1216**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #