## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000088143

CAPE CORAL, FL 33914

City-St-Zip:

FILED Apr 16, 2009 Secretary of State

Entity Name: YCO & ASSOCIATES, INC. **Current Principal Place of Business: New Principal Place of Business:** 9 DEL PRADO BLVD N CAPE CORAL, FL 33914 **Current Mailing Address: New Mailing Address:** 9 DEL PRADO BLVD N CAPE CORAL, FL 33914 FEI Number: 26-0674941 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REAVES, SHERRI 2524 SW 30TH TERRACE US CAPE CORAL, FL 33914 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition JUSTICE, DONALD R JUSTICE, DONALD R Name: Name: 9 DEL PRADO BLVD N 9 DEL PRADO BLVD N Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: CAPE CORAL, FL 33914 ( ) Delete Title: Title: () Change () Addition Name: REAVES, SHERRI T Name: 9 DEL PRADO BLVD N Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHERRI T. REAVES S 04/16/2009