2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # S23077



FILED Apr 21, 2006 8:00 am Secretary of State 04-21-2006 90119 040 ***150.00

1. Entity Nami YES! OF I	e NORTH FLORIDA, INC.						
	e of Business AL GARDENS RD .E, FL 32207 US	Mailing Address 930 ORIENTAL GARDENS SUITE 1208 JACKSONVILLE, FL 3220		-		.4635	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312006 Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number 59-3054960		Applied For Not Applicable	
Zíp	Country	Zip	Country	5. Certificate of Status Des	ired \$8.75 Addi		
	6. Name and Address of Current	Registered Agent		7. Name and Address of I	lew Registered Agent		
ANSBACH	IER, SIDNEY F. ESQ		Name				
50 N LAUF 3100 BARI	RA ST NETT CTR	Street Address		(P.O. Box Number is Not Acceptable)			
JACKSON	VILLE, FL 32202		City		FL Zip Code	,	
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistered office or registe	ered agent, or both, in the State	of Florida. I am familiar with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating)	DATE		
	E NOW!!! FEE 18 \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaigr Trust Fund Contrib	n Financing \$5 oution.	5.00 May Be ded to Fees			
10.	OFFICERS AND		11.		O OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, BARBARA K (KING) 930 ORIENTAL GARDENS JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EMAN, BARBARA K.	∑ 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	THILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
indicated of the cor	certify that the information supplied wit on this report or supplemental report rporation or the receiver or trustee enj , or on an attachment with an address	is true and accurate and that my cowered to execute this report a	/ signature shall have th	e same legal effect as it made i	under oath: that I am an officer	or director	