

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156452

Entity Name: YMP, INC.

FILED  
Apr 20, 2011  
Secretary of State

**Current Principal Place of Business:**

8486 ATHENS COURT  
WEEKI WACHEE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

8486 ATHENS COURT  
WEEKI WACHEE, FL 34613

**New Mailing Address:**

FEI Number: 20-3853307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRUEGER, KEITH A  
8486 ATHENS COURT  
WEEKI WACHEE, FL 34613 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: KRUEGER, OLIVER W  
Address: 5214 FOREST GLENN DRIVE  
City-St-Zip: SPRING HILL, FL 34607

Title: P  
Name: KRUEGER, KEITH A  
Address: 8486 ATHENS COURT  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: VP  
Name: PODLESNIK, KEVIN  
Address: 8486 ATHENS COURT  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: VP  
Name: LEDFORD, MILEY  
Address: 8486 ATHENS COURT  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: ST  
Name: COVERT, HAROLD W  
Address: 8486 ATHENS COURT  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: VP  
Name: LEON, ERIC  
Address: 145 WOODLAND RD  
City-St-Zip: PALM SPRINGS, FL 33461

I hereby 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 all other like empowered.

SIGNATURE: KEITH A KRUEGER

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04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date