

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90044 030 ***158.75

DOCUMENT # 526093

1. Entity Name

YANKEE REBEL, INC.



Principal Place of Business

202 ARMESTO RD
HAVANA FL 32333
US

Mailing Address

202 ARMESTO RD
HAVANA FL 32333
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-1840826

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMESTO, PATTIE M.
202 ARMESTO ROAD
HAVANA FL 32333

Name

MARK J. ARMESTO

Street Address (P.O. Box Number is Not Acceptable)

202 ARMESTO ROAD

City

HAVANA

FL

Zip Code

32333

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 *MARK J. ARMESTO*

Mark J. Armesto

1/23/08

Signature, typed or printed name of registered agent and date, if applicable.

Signature, typed or printed name of new registered agent and date, if applicable.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME ARMENTO, PATTIE M
STREET ADDRESS 202 ARMESTO ROAD
CITY-STATE-ZIP HAVANA FL 32333

TITLE ☐ Delete
NAME ARMENTO, MARK J
STREET ADDRESS 202 ARMESTO ROAD
CITY-STATE-ZIP HAVANA FL 32333

TITLE ☐ Delete
NAME ARMENTO, MARK J., JR.
STREET ADDRESS 1133 BLACKHAWK WAY
CITY-STATE-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME ARMENTO, DIANA
STREET ADDRESS 17505 KLAMATH FALLS DR
CITY-STATE-ZIP ROUND ROCK TX 78681

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME ARMENTO, LOU W:
STREET ADDRESS 1133 BLACKHAWK WAY
CITY-STATE-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Mark J. Armesto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08

850-539-5628

Date

Phone Number