


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000006836	
1. Entity Name N.D.Y. INC.	

Principal Place of Business 10150 DANIELS PARKWAY FT. MYERS, FL 33913	Mailing Address 10150 DANIELS PARKWAY FT. MYERS, FL 33913
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DO NOT WRITE IN THIS SPACE



02172008 No Chg-P CR2E034 (11/05)

4. FEI Number 41-1500818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YENISH, TOM
10150 DANIELS PARKWAY
FT MYERS, FL 33913

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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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	C
NAME	YENISH, PATTI
STREET ADDRESS	12054 LEDGEWOOD CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	P
NAME	YENISH, NORB
STREET ADDRESS	3910 WILLIAMSON RD
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	V
NAME	YENISH, DONNA
STREET ADDRESS	1092 WEST CLIFF CURVE
CITY-ST-ZIP	SHOREVIEW, MN 55126
TITLE	S
NAME	YENISH, TOM
STREET ADDRESS	3910 WILLIAMSON RD.
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	T
NAME	LANG, DIANE
STREET ADDRESS	459 THOMPSON AVE W
CITY-ST-ZIP	WEST ST PAUL, MN 551183026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Patti Yenish PATTI YENISH 2-20-08 239-791-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #