

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F47511

Entity Name: YANNI VENTURES, INC.

FILED
Apr 09, 2008
Secretary of State

Current Principal Place of Business:

2800 N. PONCE DE LEON BLVD.
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

2800 N. PONCE DE LEON BLVD.
ST AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-2159667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
444 SEABREEZE BLVD SUITE 920
DAYTONA BEACH FL, FL 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LASSITER, LORRAINE,
Address: 321 REDWING LANE
City-St-Zip: ST AUGUSTINE BH, FL 32080

Title: DT () Delete
Name: NOFAL, MARILYN,
Address: 224 JOEY DR.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: P () Delete
Name: YANNI, ISABEL,
Address: 1420 N. ATLANTIC AVE., SUITE 1201
City-St-Zip: DAYTONA BEACH,, FL 00000

Title: DS () Delete
Name: YANNI, JOHN
Address: 38 LEE COURT
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: V (X) Delete
Name: LASSITER, CHARLES M.,
Address: 321 REDWING LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: NOFAL, MARILYN,
Address: 224 JOEY DR.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: V (X) Change () Addition
Name: LASSITER, CHARLES M.,
Address: 321 REDWING LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: CHARLES M. LASSITER

V

04/09/2008

Electronic Signature of Signing Officer or Director

Date