

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000000907

1. Entity Name
YANNI, INC.



Principal Place of Business
**1712 CYPRESS ROW DRIVE
WEST PALM BEACH, FL 33411**

Mailing Address
**1712 CYPRESS ROW DRIVE
WEST PALM BEACH, FL 33411**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1557006

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALLENSON, ALEXANDRA C
1712 CYPRESS ROW DRIVE
WEST PALM BEACH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000130689
04/26/04-80127-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CHRISTOPHER, JOHN Y
STREET ADDRESS	1712 CYPRESS ROW DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	PT
NAME	ALLENSON, ALEXANDRA C
STREET ADDRESS	1712 CYPRESS ROW DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	VS
NAME	CHRYSSOMALLIS, GEORGE S
STREET ADDRESS	5220 ST ALBANS BAY RD
CITY-ST-ZIP	SHOREWOOD, MN 55331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/04 561 333 9074