

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2005 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



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
41-1557006

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000317194
04/20/05-80008-020 150.00

**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

4/18/05 5613339074

Date

Daytime Phone #