


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90523 043 \*\*\*150.00

<b>DOCUMENT # G76589</b> 1. Entity Name YAC, INC.					
Principal Place of Business 1030 WEST CANTON AVENUE SUITE 201 WINTER PARK, FL 32789			Mailing Address P.O. BOX 1090 WINTER PARK, FL 32792-1090		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HALL, LARRY 1030 WEST CANTON AVENUE SUITE 201 WINTER PARK, FL 32789				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBT HILL, G. BRUCE 1030 WEST CANTON AVE, SUITE 200 WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP HEIDI LIVINGSTON 1030 WEST CANTON AVE, SUITE 200 WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO HALL, LARRY D 1030 WEST CANTON AVE, SUITE 200 WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRIAN SMITH 1030 WEST CANTON AVE, SUITE 200 WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1-VD ADAMS, JANET W 1030 WEST CANTON AVE, SUITE 200 WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARTOLOMEI, MATTHEW P 1030 WEST CANTON AVE, SUITE 200 WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2-VD SCHIEFFELIN, THOMAS L 1030 WEST CANTON AVE, SUITE 200 WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____			4-27-05 407-628-4848 Date Daytime Phone #		