

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90024 008 ***150.00

DOCUMENT # G76589

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

40044543



02192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2232802

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COBT	<input type="checkbox"/> Delete
NAME	HILL, G. BRUCE	
STREET ADDRESS	1030 WEST CANTON AVE, SUITE 200	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	HALL, LARRY D	
STREET ADDRESS	1030 WEST CANTON AVE, SUITE 200	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	1-VD	<input type="checkbox"/> Delete
NAME	ADAMS, JANET W	
STREET ADDRESS	1030 WEST CANTON AVE, SUITE 200	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARTOLOMEI, MATTHEW P	
STREET ADDRESS	1030 WEST CANTON AVE, SUITE 200	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	2-VD	<input type="checkbox"/> Delete
NAME	SCHIEFFELIN, THOMAS L	
STREET ADDRESS	1030 WEST CANTON AVE, SUITE 200	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	3VP	<input type="checkbox"/> Delete
NAME	LIVINGSTON, HEIDI	
STREET ADDRESS	1030 W. CANTON AVE SUITE 200	
CITY-ST-ZIP	WINTER PARK, FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Assistant Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Brian C	
STREET ADDRESS	2107 Merritt Park Dr.	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Larry D Hall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
Daytime Phone # 409-628 4848