## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K24149

City-St-Zip: BYRON, GA 31008 US

VAVENTEDDDIOCO INO

FILED Jan 17, 2009 Secretary of State

Entity Na	me: Y&Y⊟N	TERPRISES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
200 TIMBER RIDGE BLVD. BYRON, GA 31008 US			119 SHAD BYRON, G	OWLAWN DR. 6A 31008 US	
Current Mailing Address:			New Mailing Address:		
P.O.BOX S BYRON, G		S			
FEI Number	: 59-2891502	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
5324 LANI	), F. TIMOTHY D O' LAKES BI AKES, FL 346	LVD.			
	e named entity e of Florida.	submits this statement for the p	urpose of changing i	its registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P ( YOUNT, THOM 200 TIMBER R BYRON, GA 3	IDGE BLVD.	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition YOUNT, THOMAS C 119 SHADOWLAWN DR. BYRON, GA 31008 US	
Title: Name: Address: City-St-Zip:	S/T ( YOUNT, THOM 200 TIMBER R BYRON, GA 3	IDGE BLVD.	Title: Name: Address: City-St-Zip:	S/T (X) Change () Addition YOUNT, THOMAS C 119 SHADOWLAWN DR. BYRON, GA 31008 US	
Title: Name: Address: City-St-Zip:	VP ( YOUNT, JOHN 200 TIMBER R BYRON, GA 3	IDGE BLVD.	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition YOUNT, JOHN F 119 SHADOWLAWN DR. BYRON, GA 31008 US	
Title: Name: Address: City-St-Zip:	VP ( ROBERTS, MA 200 TIMBER R BYRON, GA 3	IDGE BLVD.	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition ROBERTS, MARK L 116 TIMBER RIDGE BLVD. BYRON, GA 31008 US	
Title: Name: Address:	AV ( RADY, MICHAE 200 TIMBER R		Title: Name: Address:	AV (X) Change ( ) Addition RADY, MICHAEL D 105 BLACK OAK CT.	

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.

City-St-Zip: BYRON, GA 31008 US

SIGNATURE: MARK L. ROBERTS VΡ 01/17/2009