


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N92000000723 1. Entity Name YELLOW JACKETS LITTLE LEAGUE, INC.	
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Principal Place of Business 2301 NO. OREGON TAMPA, FL 33607 US	Mailing Address 3105 E 18TH AVENUE TAMPA, FL 33605
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3155076	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, JAMES J
3105 E 18TH AVENUE
TAMPA, FL 33605

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, JAMES J 3105 EAST 18TH AVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GILLIARD, THOMAS 4614 SHAD ST TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, ANDREW 515 WEST ROSS STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, CARLA 1720 ST. CONRAD ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/07-00002-009 70.00

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IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered

SIGNATURE James J. Wright JAMES J. WRIGHT 1-20-07 813-253-0320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #