

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000063

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** AMIKIDS YES, INC.

**Current Principal Place of Business:**

4337 SAFFOLD ROAD  
WIMAUMA, FL 33598

**New Principal Place of Business:**

**Current Mailing Address:**

ASSOCIATED MARINE INSTITUTES  
5915 BENJAMIN CENTER DRIVE  
TAMPA, FL 33634 US

**New Mailing Address:**

AMIKIDS, INC.  
5915 BENJAMIN CENTER DRIVE  
TAMPA, FL 33634 US

**FEI Number:** 59-3217810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HULL, DAVID J  
SMITH, HUSLEY & BUSEY  
2225 WATER STREET, STE 1800  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** C  
**Name:** LUCAS, ROBERT  
**Address:** 1201 N. ORIENT RD  
**City-St-Zip:** TAMPA, FL 33619

**Title:** VC  
**Name:** VARNELL, JOHN  
**Address:** 1831 N. PEBBLE BEACH BLVD.  
**City-St-Zip:** SUN CITY CENTER, FL 33573

**Title:** ST  
**Name:** KNIGHT, ALBERT  
**Address:** PO BOX 625  
**City-St-Zip:** WIMAUMA, FL 33598

**Title:** D  
**Name:** BUFFINGTON, MICHAEL  
**Address:** 2512 MILLER WOODS CT.  
**City-St-Zip:** VALRICO, FL 33594

**Title:** D  
**Name:** CRISTALDI, RONALD  
**Address:** 101 E. KENNEDY BLVD., SUITE 2800  
**City-St-Zip:** TAMPA, FL 33602

**Title:** D  
**Name:** STANDER, O.B.  
**Address:** 5915 BENJAMIN CENTER DRIVE  
**City-St-Zip:** TAMPA, FL 33634

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** O.B. STANDER

D

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date