

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2008 8:00 am
Secretary of State

04-23-2008 90038 014 ***150.00

DOCUMENT # P00000117958 1. Entity Name YEARY INVESTMENTS INC.	
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Principal Place of Business 1530 NW 26TH AVE POMPANO BEACH, FL 33069	Mailing Address 1530 NW 26TH AVE POMPANO BEACH, FL 33069
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66013503



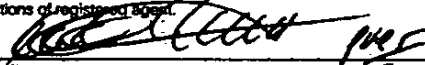
03312008 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-1064561	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent YEARY, MICHAEL T 1530 NW 26 AVE POMPANO BEACH, FL 33069

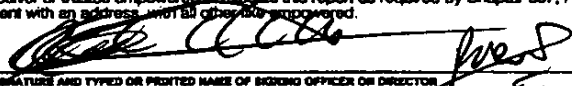
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable	DATE: 3/31/08 (NOTE: Registered Agent signature required when releasing)

FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YEARY, MICHAEL T 1530 NW 26TH AVE POMPANO BEACH, FL 33069
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, until all other information is corrected.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: _____ Daytime Phone # _____