

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90191 050 \*\*\*150.00

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03302006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P01000049079</b> 1. Entity Name <b>YBOR, INC.</b>					
Principal Place of Business <b>412 EAST MADISON</b> <b>10TH FLOOR</b> <b>TAMPA, FL 33602 US</b>			Mailing Address <b>P.O. BOX 48668</b> <b>SAINT PETERSBURG, FL 33743 US</b>		
2. Principal Place of Business <i>2852 20th Ave N</i> Suite, Apt. #, etc. <i>St. Petersburg FL</i>		3. Mailing Address  Suite, Apt. #, etc.  City & State			
City & State  Zip <i>33713</i>		Country <i>Pineellas</i>		4. FEI Number <b>59-3735967</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>DOLAN, MARK R ESQ.</b> <b>412 EAST MADISON</b> <b>10TH FLOOR</b> <b>TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>2852 20th Ave N.</i> City <i>St. Petersburg</i> <b>FL</b> <i>33713</i>		
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 <i>[Signature]</i> DATE <i>4/18/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARSHLACK, DAN</b> <b>412 EAST MADISON, 10TH FLOOR</b> <b>TAMPA, FL 33602</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HAMMIL, CHARLES B</b> <b>412 EAST MADISON, 10TH FLOOR</b> <b>TAMPA, FL 33602</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DOLAN, MARK R</b> <b>412 EAST MADISON, 10TH FL</b> <b>TAMPA, FL 33602</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>[Signature]</i>		Date <i>4/18/06</i> Daytime Phone # <i>727-433-0044</i>			