

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90161 021 ***150.00

DOCUMENT # P01000053265

1. Entity Name

Y YOGA, INC.



Principal Place of Business

2615 PORTSIDE DRIVE
FERNANDINA BEACH FL 32034

Mailing Address

2615 PORTSIDE DRIVE
FERNANDINA BEACH FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3722240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAWECKI, ELIZABETH C
2615 PORTSIDE DR
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KAWECKI, ELIZABETH
STREET ADDRESS 2615 PORTSIDE DR
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE GMFO ☐ Delete
NAME ~~KAWECKI~~, GERALD T
STREET ADDRESS 4999 SPANISH OAK CIR
CITY-ST-ZIP AMELIA ISLAND FL

TITLE DOM ☐ Delete
NAME ~~KAWECKI~~, CATHERINE DEE
STREET ADDRESS 4999 SPANISH OAK CIR
CITY-ST-ZIP AMELIA ISLAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE GMFO ☒ Change ☐ Addition
NAME KAWECKI, GERALD T
STREET ADDRESS 4999 SPANISH OAKS CIRCLE
CITY-ST-ZIP AMELIA ISLAND, FL 32034

TITLE DOM ☒ Change ☐ Addition
NAME KAWECKI, CATHERINE DEE
STREET ADDRESS 4999 SPANISH OAKS CIRCLE
CITY-ST-ZIP AMELIA ISLAND, FL 32034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Catherine Dee Kaweck DOM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

261-8752