

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

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



05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

TITLE GMFO
NAME KAWECKI, GERALD J
STREET ADDRESS 4999 SPANISH OAK CIR
CITY-ST-ZIP AMELIA ISLAND, FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/19/06-80024-024 150.00

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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 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:

Elizabeth C K
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 APR 06'

Date

(704) 415-0257

Daytime Phone #