

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90027 034 \*\*\*150.00

DOCUMENT # P01000058181

1. Entity Name  
YTEC, INC.



Principal Place of Business  
2400 HIGH RIDGE RD #103  
BOYNTON BEACH, FL 33426

Mailing Address  
2400 HIGH RIDGE RD #103  
BOYNTON BEACH, FL 33426

60000634



01072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

1301 N. CONGRESS AVE

Suite, Apt. #, etc.

# 210

City & State

BOYNTON BEACH, FL

Zip

33426

Country

PCC

3. Mailing Address

1301 N. CONGRESS AVE

Suite, Apt. #, etc.

# 210

City & State

BOYNTON BEACH, FL

Zip

33426

Country

PCC

4. FEI Number

65-1114751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

YANKEE, FRED  
2400 HIGH RIDGE RD #103  
BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

Name  
FRED YANKEE

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

7570 DUNCREST ROAD

LAKE WORTH FL

33467

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.

FRED YANKEE

(NOTE: Registered Agent signature required when re-registering)

1-6-2006

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
PCEO  
YANKEE, BRENDAN L  
STREET ADDRESS  
7570 DUNCREST ROAD  
CITY-ST-ZIP  
LAKE WORTH, FL 33467 ☐ Delete

TITLE  
NAME  
D  
YANKEE, BRENDAN L  
STREET ADDRESS  
7570 DUNCREST ROAD  
CITY-ST-ZIP  
LAKE WORTH, FL 33467 ☐ Delete

TITLE  
NAME  
STD  
YANKEE, FRED  
STREET ADDRESS  
7570 DUNCREST ROAD  
CITY-ST-ZIP  
LAKE WORTH, FL 33467 ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #