

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000043314 1. Entity Name YD HOME SERVICES, INC	
--	---

Principal Place of Business 6380 CONTESSA DR. SUITE #201 ORLANDO, FL 32829	Mailing Address 6380 CONTESSA DR. SUITE #201 ORLANDO, FL 32829
---	---

DO NOT WRITE IN THIS SPACE



05032006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1986527	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent DI PIETRO, YORDAN K SR. 1433 TIMBERBEND CIR ORLANDO, FL 32824	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 renewing.)	DATE _____
--	------------

FILE NOW! FEE IS \$150.00 Due by September 5, 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 NAME STREET ADDRESS CITY - ST - ZIP	P DI PIETRO, YORDAN K SR. 1433 TIMBERBEND CIR ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DI PIETRO, JANETT Z 1433 TIMBERBEND CIR ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000562791
05/19/06-80069-018 150.00

DO NOT WRITE 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:  Yordan K. Di Pietro President	05/03/06 407 217 3185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #