

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000022407**

1. Entity Name

YTC INVESTMENTS, INC.



Principal Place of Business

2470 THE WOODS DRIVE EAST  
JACKSONVILLE, FL 32246

Mailing Address

2470 THE WOODS DRIVE EAST  
JACKSONVILLE, FL 32246



04082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

54-2098507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOUBAGIATZIS, JOHN  
2470 THE WOODS DRIVE EAST  
JACKSONVILLE, FL 32246

**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 file if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BOUBAGIATZIS, JOHN
STREET ADDRESS	2470 THE WOODS DRIVE EAST
CITY- ST- ZIP	JACKSONVILLE, FL 32246
TITLE	SVP
NAME	ASIMENIOS, TELIS
STREET ADDRESS	12867 MUIRFIELD BLVD S
CITY- ST- ZIP	NEPTUNE BCH, FL 32266
TITLE	SD
NAME	ASIMENIOS, TELIS
STREET ADDRESS	12867 MUIRFIELD BLVD. SOUTH
CITY- ST- ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000300411  
04/12/05-80019-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

4/8/05 (904) 343 6138