


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90250 049 ***150.00

DOCUMENT # P03000091284	
1. Entity Name YANCY STREET COMICS, INC.	

Principal Place of Business 6843 S.R. 54 NEW PORT RICHEY, FL 34653	Mailing Address 6843 S.R. 54 NEW PORT RICHEY, FL 34653
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2. Principal Place of Business - No P.O. Box # 3615 UNIVERSAL PLAZA	3. Mailing Address 3615 UNIVERSAL PLAZA
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NEW PORT RICHEY, FL	City & State NEW PORT RICHEY, FL
Zip 34652	Zip 34652
Country USA	Country USA

40091752



04272008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BAGINSKIE, STEPHEN 6843 S.R. 54 NEW PORT RICHEY, FL 34653		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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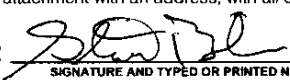
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POBJECKY, CHRISTOPHER 5036 LILLILEA LN NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGINSKIE, STEPHEN 5036 LILLILEA LN NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **STEPHEN BAGINSKIE** **4-20-08** **727-817-0888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #