2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State

DOCUMENT # P03000126738 1. Entity Name YES SERVICES, INC.			Secretary of Sta			
Principal Place of Business Mailing Address 1039 NW 18TH WAY 1039 NW 18TH WAY						
1039 NW 18TH WAY 1039 NW 18TH WAY BELL, FL 32619 BELL, FL 32619						
					. 44 44 44 4 4 4 4 4 4 4 4 4	
				03202008 No Chg-P CR2E034 (11/05)		
· DO	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For	
Affiliation of the state of the state of the			,	77-0612019 5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
*	6. Name and Address of Current Re	istered Agent	<u> </u>		Fee Required	
SHANNON, KATHLEEN E 1039 NW 18TH WAY BELL, FL 32619]' ' '		_	
				DO NOT WRITE	, , , ,	
				IN THIS SPACE	m ,	
	gnature, typed or printed name of registered agent and t	tite if applicable (NOTE: Register	ad Agent signature required			
FILE : After May	NOW!!! FEE IS \$150.00 1, 2008 Fee will be \$550.00	Trust Fund Contribution		.00 May Be ed to Fees		
10.	OFFICERS AND DIF	ECTORS	- 18, 1			
NAME S STREET ADDRESS 1	SHANNON, GEORGE E JR 1039 NW 18TH WAY BELL, FL 32619		4 - F - F - F	#	ia	
TITLE S		······	· · · · · · · · · · · · · · · · · · ·	05/13/08-80071	-002 150.00	
STREET ADDRESS 1	SHANNON, KATHLEEN E DRESS 1039 NW 18TH WAY					
	BELL, FL 32619		<u>-</u>		4.23	
TITLE NAME					,	
STREET ADDRESS CITY-ST-ZIP		•		DO NOT WRITE		
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TITLE NAME STREET ADDRESS						
CITY-ST-ZIP .						
TITLE NAME			1.			
STREET ADDRESS CITY-ST-ZIP			<i>34</i>			

2. Thereby 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 attachmen with an address, with all other like empowered

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-03-00 Date /

Daytime Phone #