

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90144 040 ***158.75

DOCUMENT # P04000099270

1. Entity Name
YS HOLDINGS, INC.



Principal Place of Business
11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716 US

Mailing Address
11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716 US

40077033



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

04192006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1319177

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FELICE, DAVID M
11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

Name

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

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 _____ 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, 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	COOD	<input type="checkbox"/> Delete
NAME	YOUNG, ROBERT B	
STREET ADDRESS	5600 U.S. 98 N., SUITE 7	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	SEMBLER, M. STEVEN	
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	P	<input type="checkbox"/> Delete
NAME	FELICE, DAVID M	
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VALENZANO, FRANCIS	
STREET ADDRESS	5600 U.S. 98 N., SUITE 7	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	MCDONALD, KAREN	
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	S	<input type="checkbox"/> Delete
NAME	FANELLI, JULIE V	
STREET ADDRESS	11300 4TH ST N STE 200	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D COO VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D CEO P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Julie V. Fanelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06 727-577-5522
Date Daytime Phone #