


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P04000099270 1. Entity Name YS HOLDINGS, INC.	
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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
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03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1319177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAIR COMM. INC.
 11300 FOURTH STREET NORTH
 SUITE 200
 ST. PETERSBURG, FL 33716

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

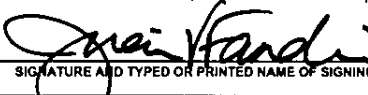
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000866923
 04/08/08-80049-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COPD YOUNG, ROBERT B 5600 U.S. 98 N., SUITE 7 LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPD SEMBLER, M. STEVEN 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELICE, DAVID M 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS MCDONALD, KAREN 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FANELLI, JULIE V 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 **3/12/08** (727) 571-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #