2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008
Secretary of State

DOCUMENT# P04000143970

Entity Name: BLAINE YORKIRONS INSURANCE SERVICES INC

Current Principal Place of Business:

2221 SE GOWIN DRIVE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2221 SE GOWIN DRIVE
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 20-1881651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YORKIRONS, DENTON
2221 SE GOWIN DRIVE
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: YORKIRONS, DENTON
Address: 2221 SE GOWIN DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T ( ) Delete
Name: EDWARDS, FAY A
Address: 321 NW BREEZY POINT LOOP
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP ( ) Delete
Name: YORKIRONS, NORMA S
Address: 2221 SE GOWIN DR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: S ( ) Delete
Name: EDWARDS, BEVERLY A
Address: 1298 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: FAY, EDWARDS A
Address: 321 NW BREEZY POINT LOOP
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S (X) Change ( ) Addition
Name: EDWARDS, FAY A
Address: 321 NW BREEZY POINT LOOP
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENTON YORKIRONS PRES 07/28/2008

Electronic Signature of Signing Officer or Director Date