

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090190

FILED  
Aug 11, 2006  
Secretary of State

Entity Name: EDWARD YORKIRONS INSURANCE, 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: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YORKIRONS, DENTON A  
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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition  
Name: YORKIRONS, DENTON  
Address: 2221 SE GOWIN DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34952

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

Title: TRES ( ) Change (X) Addition  
Name: YORKIRONS, NORMA  
Address: 2221 SE GOWIN DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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

08/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date