2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090190

City-St-Zip:

PORT ST LUCIE, FL 34952

Entity Name: EDWARD YORKIRONS INSURANCE, INC.

FILED Apr 02, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	OWIN DRIVE LUCIE, FL 34				
Current Mailing Address:			New Mailing Address:		
	OWIN DRIVE LUCIE, FL 34				
FEI Number	: 90-0290140	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
2221 SE G	NS, DENTON GOWIN DRIVE LUCIE, FL 34				
	e named entity e of Florida.	submits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES (YORKIRONS, 2221 SE GOW PORT ST LUC	'IN DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EDWARDS, FA	ZY POINT WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TRES (YORKIRONS, 2221 SE GOW		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: DENTON AB YORKIRONS PRES 04/02/2007