

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090190

FILED
Jun 23, 2008
Secretary of State

Entity Name: EDWARD YORKIRON INSURANCE, INC.

Current Principal Place of Business:

2221 SE GOWIN DRIVE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

832 N DIXIE HWY
LAKE WORTH, FL 33460

Current Mailing Address:

2221 SE GOWIN DRIVE
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 90-0290140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YORKIRON, DENTON A
2221 SE GOWIN DRIVE
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

EDWARDS, FAY A
321 NW BREEZY POINT LOOP
PORT ST. LUCIE, FL 34986 US

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: FAY A EDWARDS

06/23/2008

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: FAY A EDWARDS

PRES

06/23/2008

Electronic Signature of Signing Officer or Director

Date