

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90020 027 \*\*\*150.00

DOCUMENT # P05000107439

1. Entity Name  
YP SERVICES INC.



Principal Place of Business  
125 WEST CYPRESS COURT  
OLDSMAR, FL 34677

Mailing Address  
125 WEST CYPRESS COURT  
OLDSMAR, FL 34677

2. Principal Place of Business  
632 STILES LN →

Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
PALM HARBOR, FL

City & State

Zip 34683 Country

Zip Country

01132006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-3247305

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUF, ROMAN  
125 WEST CYPRESS COURT  
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name  
ROMAN HUF

Street Address (P.O. Box Number is Not Acceptable)

632 STILES LN

City PALM HARBOR FL Zip Code 34683

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 *Roman Huf*

ROMAN HUF  
REG. AGENT

2/11/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HUF, ROMAN  
STREET ADDRESS 125 WEST CYPRESS COURT  
CITY-ST-ZIP OLDSMAR, FL 34677

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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: *Roman Huf*

ROMAN HUF  
PRES

2/11/06 727-462-0292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #