

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000109282
 1. Entity Name
 YABO, INC.



Principal Place of Business
 4929 9TH AVENUE S
 GULFPORT, FL 33707

Mailing Address
 2207 54TH STREET S
 GULFPORT, FL 33707



07242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, DAVID C
 2207 54TH STREET S
 GULFPORT, FL 33707

DO NOT WRITE IN THIS SPACE

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: *[Signature]* DATE: 7-24-07
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YAKES, MICHAEL J 2404 53RD STREET S GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOHNING, LEE R 4721 DEL RIO WAY GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/26/07-80002-004 158.75

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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: *[Signature]* DATE: 7-24-07 DAYTIME PHONE #: 727-327-0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE R. BOHNING