## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 27, 2007 8:00 am Secretary of State DOCUMENT # P06000109761 02-12-2007 90107 010 \*\*\*150.00 1. Entity Name Y2K BOOKKEEPING INC Principal Place of Business Mailing Address 341 NW LAKE VALLEY TERRACE LAKE CITY FL 32055 341 NW LAKE VALLEY TERRACE LAKE CITY FL 32055 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito Apt #. etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 20-5426380 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Cortificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUBURBAN ACCOUNTING TAX SERV INC Street Address (P.O. Box Number is Not Acceptable) 7340 PROVINCE WAY 3307 NAPLES FL 34104 City Zip Code 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 Fforida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of lugislared agent and titre if applicable [NOTE: Registered Agent signatura reduced when reimbasing) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Ba After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. BIBL ☐ Delete HELE KISS, YVETTE D NAML MARK 341 NW LAKE VALLEY TERRACE STRUET ADDRESS SIREFI ADDRESS LAKE CITY FL 32055 CITY-ST-71P CITY - \$1 - 7/P 31111 ☐ Delete EtTI F ☐ Channe ☐ Addition MAM STREET ADDRESS STRUCT ADDRESS CITY ST-ZIP CHY-SI-7P MILE Delete 10114 ☐ Change Addition NAME NAMI STRUCT ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST-71P ☐ Delete THE ☐ Change Addition NAME NAME SIRLEF ADDRESS STREET ADORESS CITY-SI-7/P CHY-S1-Z1P Delete Addition HILE NAME NAME SIFE ET ADORESS STREET ADDRESS CHY-SI-7/P

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, Florida Statutos. 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block I if changed, or on an attactyrient with an address, with all other like empowered.

STREET ADDRESS CITY-S1-71P

TITLE NAMI

□ Defete

CHY-SI-78

TABLE

NAM! STRUET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition

**FILED**